Healthy Child Manitoba
Putting children and families first

Manitoba

3rd FL. – 332 Bannatyne Ave., Winnipeg, Manitoba, Canada R3A 0E2
T 204-945-2266 **F** 204-948-2585 **Toll-free** 1-888-848-0140
www.manitoba.ca

September 2011

His Honour Philip S. Lee
Lieutenant-Governor
Province of Manitoba

I have the pleasure of presenting for the information of Your Honour the Annual Report of Manitoba's Healthy Child Manitoba Office for the year 2010/11.

Respectfully submitted,

"Original signed by Jim Rondeau"

Jim Rondeau
Chair, Healthy Child Committee of Cabinet,
Minister responsible for
The Healthy Child Manitoba Act, and
Minister of Healthy Living, Youth and Seniors

A partnership of:
Manitoba Healthy Living, Youth and Seniors · Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage, and Tourism · Manitoba Education · Manitoba Family Services and Consumer Affairs · Manitoba Health · Manitoba Housing and Community Development· Manitoba Justice · Manitoba Labour and Immigration / Status of Women

Healthy Child Manitoba
Putting children and families first

Manitoba

3rd FL. – 332 Bannatyne Ave., Winnipeg, Manitoba, Canada R3A 0E2
T 204-945-2266 F 204-948-2585 Toll-free 1-888-848-0140
www.manitoba.ca

September 2011

Jim Rondeau
Chair, Healthy Child Committee of Cabinet
310 Legislative Building

Sir:

We have the honour of presenting to you the 2010/11 Annual Report of the Healthy Child Manitoba Office.

This report reflects the continued commitment of government and community partners in the Healthy Child Manitoba Strategy to facilitate child-centered public policy. In 2010/11, Healthy Child Manitoba Office (HCMO) activities and achievements included:

- Celebrating the 10th anniversary of our province's Healthy Child Manitoba Strategy, built on the foundations of the Children and Youth Secretariat, at our 10th National Child Day Forum in November 2010, where we honoured our communities as unparalleled partners in improving the lives of Manitoba's youngest citizens over the past decade and more, and the Premier awarded Dr. Fraser Mustard the Order of the Buffalo Hunt for his contributions to Manitoba's children;
- Positive evaluation results for the Healthy Baby program, which the Manitoba Centre for Health Policy found increased connection to prenatal care, prevented low birth weight births and preterm births, and increased breastfeeding;
- Positive evaluation results for the Families First home visiting program, which increased positive parenting, parents' well-being, families' social support, and neighbourhood connectedness, and was celebrated with the proclamation of Home Visitors' Day in Manitoba;
- Expanding collection of Early Development Instrument (EDI) data in First Nations operated schools from 1 school to 13 schools;
- Attracting several external grants to Manitoba, including funding from the Public Health Agency of Canada (PHAC), for Towards Flourishing, Lifestyle Triple P and Fetal Alcohol Spectrum Disorder (FASD) research;
- Through the Towards Flourishing project, work is underway to improve the mental health of parents and children in Manitoba's Families First program. This project is a partnership with the Winnipeg Regional Health Authority (WRHA), the University of Manitoba, and is funded by the PHAC;
- Continued progress on the Interdepartmental Provincial FASD Strategy which builds on prevention, intervention, support and research initiatives over the next five years;
- A new FASD prevention program, Project CHOICES is aimed at reducing alcohol exposed pregnancies by providing information and brief motivational intervention to women and adolescent girls who are not yet pregnant but at high risk of an alcohol exposed pregnancy;
- Implementing Seeds of Empathy in Early Childhood centres, Aboriginal Head Start programs and nursery schools, in a randomized controlled trial;
- Continued progress on developing an evidence-based approach to Middle Childhood and Adolescent Develop (MCAD) including evaluations for several new initiatives: Signs of Suicide, Lifeskills Training, and Healthy Buddies; and
- Continued progress on implementing the Communities That Care (CTC) pilot in four Manitoba communities.

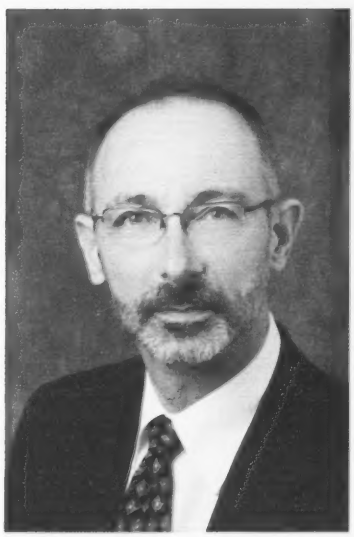
The Healthy Child Manitoba Office continues to work toward the best possible outcomes for Manitoba's children and youth.

Respectfully submitted,

"Original signed by Jan Sanderson"

Jan Sanderson
Secretary to Healthy Child Committee of Cabinet,
Chief Executive Officer, Healthy Child Manitoba Office, and
Deputy Minister of Healthy Living, Youth and Seniors

"Original signed by Jeffrey A. Schnoor"



Jeffrey A. Schnoor, Q.C.
Chair, Healthy Child Deputy Ministers' Committee, and
Deputy Minister of Justice and Deputy Attorney General

Enfants en santé Manitoba
Les enfants et les familles d'abord

Manitoba

332, avenue Bannatyne, 3e étage, Winnipeg (Manitoba) Canada R3A 0E2
Tél. : 204 945-2266 **Téléc.** : 204 948-2585 **Sans frais:** 1-888-848-0140
www.manitoba.ca

Septembre 2011

Monsieur Jim Rondeau
Président du Comité ministériel pour Enfants en santé
Palais législatif, bureau 310

Monsieur,

Nous avons l'honneur de vous remettre le rapport annuel du Bureau d'Enfants en santé Manitoba pour l'exercice 2010-2011.

Ce rapport reflète l'engagement continu du gouvernement et des partenaires communautaires envers la stratégie Enfants en santé Manitoba pour faciliter cette politique publique axée sur l'enfant. En 2010-2011, les activités menées et les objectifs atteints dans le cadre du programme Enfants en santé Manitoba comprenaient :

- la célébration du 10e anniversaire de la stratégie « Enfants en santé Manitoba » fondée sur les principes du Secrétariat de l'enfance et de la jeunesse, dans le cadre du 10e forum *National Child Day Forum* en novembre 2010 au cours duquel nous avons reconnu que nos collectivités étaient des partenaires sans pareils de l'amélioration de la vie des plus jeunes résidents du Manitoba au cours de la dernière décennie et auparavant, et le premier ministre a décerné l'Ordre de la chasse au bison au Dr Fraser Mustard pour ses contributions aux enfants du Manitoba;
- des résultats d'évaluation positifs dans le cadre du programme Bébés en santé établi par le Centre manitobain des politiques en matière de santé afin de favoriser les soins prénatals, de prévenir le faible poids à la naissance et les naissances prématurées, et d'encourager la pratique de l'allaitement;
- des résultats d'évaluation positifs dans le cadre du programme de visites à domicile du programme Les familles d'abord qui vise à accroître les pratiques parentales positives, le bien-être des parents, le soutien social des familles et les voisinages propices aux interrelations, et qui a été reconnu par la proclamation de la Journée des visiteurs à domicile au Manitoba;
- l'expansion de la collecte des données de l'Instrument de mesure du développement de la petite enfance (IMDPE) dans les écoles des Premières nations, de une à 13 écoles;
- l'obtention de plusieurs subventions externes pour le Manitoba, notamment un financement de l'Agence de la santé publique du Canada pour les projets Vers l'épanouissement et Triple P pour le mode de vie, ainsi que pour la recherche relative à l'ensemble des troubles causés par l'alcoolisation fœtale;
- la mise en œuvre de Vers l'épanouissement, un projet qui vise à améliorer la santé mentale des parents et des enfants dans le cadre du programme Les familles d'abord, en partenariat avec l'Office régional de la santé de Winnipeg et l'Université du Manitoba et grâce au financement de l'Agence de la santé publique du Canada;
- la réalisation de progrès soutenus dans la Stratégie de prévention de l'ensemble des troubles causés par l'alcoolisation fœtale, grâce à des stratégies de prévention, d'intervention, de soutien et de recherche au cours des cinq prochaines années;

- l'élaboration du projet CHOICES, un nouveau programme de prévention de l'ensemble des troubles causés par l'alcoolisation fœtale qui vise à réduire la consommation d'alcool pendant la grossesse en fournissant de l'information et de brèves interventions motivationnelles aux femmes et aux adolescentes qui ne sont pas encore enceintes, mais qui présentent un risque élevé de consommation d'alcool pendant la grossesse;
- la mise en œuvre du programme Semailles de l'empathie dans les centres de la petite enfance, les programmes autochtones Head Start et les prématernelles, au cours d'un essai contrôlé randomisé;
- la réalisation de progrès soutenus dans l'élaboration d'une approche fondée sur les preuves pour les programmes de développement des adolescents et des enfants à la phase intermédiaire, notamment les évaluations de plusieurs nouvelles initiatives telles que Signes du suicide, Développement des aptitudes à la vie quotidienne et Healthy Buddies;
- la réalisation de progrès soutenus dans la mise en œuvre du projet pilote Communities That Care (CTC) dans quatre communautés du Manitoba.

Le Bureau d'Enfants en santé Manitoba cherche toujours à obtenir les meilleurs résultats possibles pour les enfants du Manitoba.

Le tout respectueusement soumis,

« Original signé par Jan Sanderson »

Jan Sanderson
Secrétaire du Comité ministériel pour Enfants en santé,
directrice générale du Bureau d'Enfants en santé Manitoba et
sous-ministre de Vie saine, Jeunesse et Aînés

« Original signé par Jeffrey Schnoor »

Jeffrey Schnoor
Président du Comité des sous-ministres pour Enfants en santé et
sous-ministre de la Justice et sous-procureur général

Table of Contents

Healthy Child Committee of Cabinet - Letter of Transmittal 1

Healthy Child Deputy Ministers' Committee - Letter of Transmittal 2

Table of Contents 6

Organizational Chart 7

Preface 8

Report Structure 8

Mandate 8

Background 8

Healthy Child Manitoba Vision 9

Objectives 9

Major Activities and Accomplishments 9

I. HCMO Program Development and Implementation 11
- A) Early Childhood Development (ECD) 11
- B) FASD Prevention and Support 19
- C) Middle Childhood and Adolescent Development 21
- D) Community Capacity Building 25

II. HCMO Policy Development, Research and Evaluation 28
- A) Community Data Initiatives 28
- B) Provincial Program Evaluations 28
- C) Population-Based Research 29
- D) Specialized Evaluations 30
- E) Knowledge Translation and Mobilization 31

Reconciliation Statement 35

Expenditure Summary 36

Historical Expenditure and Staffing Summary 37

Indicators of Progress Against Priorities (Performance Reporting) 38

The Public Interest Disclosure (Whistleblower Protection) Act 47

HEALTHY CHILD MANITOBA
ORGANIZATION CHART
March 31, 2011

Healthy Child Committee of Cabinet
Jim Rondeau, Minister of Healthy Living, Youth and Seniors (Chair)
Eric Robinson, Minister of Aboriginal and Northern Affairs
Flor Marcelino, Minister of Culture, Heritage, and Tourism
Nancy Allan, Minister of Education
Gord Mackintosh, Minister of Family Services and Consumer Affairs
Theresa Oswald, Minister of Health
Kerri Irvin-Ross, Minister of Housing and Community Development
Andrew Swan, Minister of Justice and Attorney General
Jennifer Howard, Minister of Labour and Immigration, Minister responsible for the Status of Women, and Minister responsible for Persons with Disabilities
Healthy Child Deputy Ministers' Committee
Jeffrey A. Schnoor, Deputy Minister of Justice (Chair)
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Sandra Hardy, Deputy Minister of Culture, Heritage, and Tourism
Gerald Farthing, Deputy Minister of Education
Grant Doak, Deputy Minister of Family Services and Consumer Affairs
Milton Sussman, Deputy Minister of Health
Jan Sanderson, Deputy Minister of Healthy Living, Youth and Seniors
Joy Cramer, Deputy Minister of Housing and Community Development
Jeff Parr, Deputy Minister of Labour and Immigration
Jan Sanderson
Chief Executive Officer
Healthy Child Manitoba Office
and Secretary to the
Healthy Child Committee of Cabinet
Professional/Technical
23 .00 FTE's
Administrative Support
10.00 FTE's

PREFACE

Report Structure

The Annual Report is organized in accordance with the appropriation structure of the Healthy Child Manitoba Office (HCMO), which reflects the authorized votes approved by the Legislative Assembly. The report includes information at the Main and Sub-appropriation levels relating to the office's objectives, actual results achieved, financial performance and variances, and provides a five-year historical table of expenditures and staffing. Expenditures and revenue variance explanations previously contained in the Public Accounts of Manitoba are now provided in the Annual Report.

Mandate

As legislated by *The Healthy Child Manitoba Act,* Healthy Child Manitoba (HCM) is the Government of Manitoba's long-term, cross-departmental prevention strategy for putting children and families first. Within Manitoba's child-centred public policy framework, founded on the integration of economic justice and social justice, and led by the Healthy Child Committee of Cabinet (HCCC), HCMO works across departments and sectors to facilitate a community development approach toward achieving the best possible outcomes for Manitoba's children and youth (prenatal – 18 years).

Background

In March 2000, the Government of Manitoba established the HCM Strategy and the Premier created HCCC. In 2009/10, the HCCC Chair was Minister of Healthy Living, Youth and Seniors Jim Rondeau, appointed by the Premier in November 2009, succeeding Past Chairs Minister of Healthy Living Kerri Irvin-Ross (September 2006-November 2009), Minister of Healthy Living Theresa Oswald (October 2004-September 2006), Minister of Healthy Living Jim Rondeau (November 2003-October 2004), and Minister of Family Services and Housing/Minister of Energy, Science and Technology Tim Sale (March 2000-November 2003). HCCC develops and leads child-centred public policy across government and ensures interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. As a statutory committee of Cabinet, HCCC signals healthy child and adolescent development as a top-level policy priority of government. It is the only legislated Cabinet committee in Canada that is dedicated to children and youth. HCCC meets regularly during the year and is supported by the Healthy Child Deputy Minister's Committee and the Healthy Child Manitoba Office.

Healthy Child Committee of Cabinet (HCCC) 2010/11

Jim Rondeau, Minister of Healthy Living, Youth and Seniors (Chair)
Eric Robinson, Minister of Aboriginal and Northern Affairs
Flor Marcelino, Minister of Culture, Heritage, and Tourism
Nancy Allan, Minister of Education
Gord Mackintosh, Minister of Family Services and Consumer Affairs
Theresa Oswald, Minister of Health
Kerri Irvin-Ross, Minister of Housing and Community Development
Andrew Swan, Minister of Justice and Attorney General
Jennifer Howard, Minister of Labour and Immigration, Minister responsible for the Status of Women, and Minister responsible for Persons with Disabilities

Directed by HCCC, the Healthy Child Deputy Ministers' Committee (HCDMC), comprising of the Deputy Ministers of the nine HCCC partner departments, share responsibility for implementing Manitoba's child-centred public policy within and across departments, and ensuring the timely preparation of proposals, implementation plans and resulting delivery of all initiatives under the HCM Strategy. Chaired by the Deputy Minister of Justice and Deputy Attorney General, HCDMC meets on a bi-monthly basis.

Healthy Child Deputy Ministers' Committee (HCDMC) 2010/11

Jeffrey Schnoor, Deputy Minister of Justice and Deputy Attorney General(Chair)
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Sandra Hardy, Deputy Minister of Culture, Heritage, and Tourism
Gerald Farthing, Deputy Minister of Education
Grant Doak, Deputy Minister of Family Services and Consumer Affairs
Milton Sussman, Deputy Minister of Health
Jan Sanderson, Deputy Minister of Healthy Living, Youth and Seniors
Joy Cramer, Deputy Minister of Housing and Community Development
Jeff Parr, Deputy Minister of Labour and Immigration

Provincial Healthy Child Advisory Committee 2010/11

The Healthy Child Manitoba Act also mandates the Provincial Healthy Child Advisory Committee. Its role is to contribute to the Healthy Child Manitoba vision by providing recommendations to the Chair of HCCC regarding the Healthy Child Manitoba Strategy. The Committee consists of ministerial appointees drawn from community, educational, academic and government backgrounds. The Committee is chaired by Strini Reddy, a retired educator, former president of the Manitoba Association of School Superintendents, and Member of the Order of Manitoba.

Healthy Child Manitoba Vision

The best possible outcomes for Manitoba's children and youth (prenatal to age 18 years).

Objectives

The major responsibilities of HCMO are to:

- research, develop, fund and evaluate innovative initiatives and long-term strategies to improve outcomes for Manitoba's children and youth;
- coordinate and integrate policy, programs and services across government for children, youth and families using early intervention and population health models;
- increase the involvement of families, neighbourhoods and communities in prevention and promoting healthy child development through community development; and
- facilitate child-centred public policy development, knowledge exchange and investment across departments and sectors through evaluation and research on key determinants and outcomes of child and youth well-being.

Major Activities and Accomplishments

HCMO coordinates the Manitoba government's long-term, cross-departmental strategy to support healthy child and adolescent development. During 2010/11, HCMO continued to improve and expand Manitoba's network of programs and supports for children, youth and families. Working across departments and with community partners, HCMO is committed to putting the interests of children and families first; and to building the best possible future for Manitoba through two major activities: (I) program development and implementation, and (II) policy development, research and evaluation.

In 2010/11, Healthy Child Manitoba Office (HCMO) activities and achievements included:

- Celebrating the 10th anniversary of our province's Healthy Child Manitoba Strategy, built on the foundations of the Children and Youth Secretariat, at our 10th National Child Day Forum in November 2010, where we honoured our communities as unparalleled partners in improving the lives of Manitoba's youngest citizens over the past decade and more, and the Premier awarded Dr. Fraser Mustard the Order of the Buffalo Hunt for his contributions to Manitoba's children;
- Positive evaluation results for the Healthy Baby program, which the Manitoba Centre for Health Policy found increased connection to prenatal care, prevented low birth weight births and preterm births, and increased breastfeeding;
- Positive evaluation results for the Families First home visiting program, which increased positive parenting, parents' well-being, families' social support, and neighbourhood connectedness, and was celebrated with the proclamation of Home Visitors' Day in Manitoba;
- Expanding collection of Early Development Instrument (EDI) data in First Nations operated schools from 1 school to 13 schools;
- Attracting several external grants to Manitoba, including funding from the Public Health Agency of Canada (PHAC), for Towards Flourishing, Lifestyle Triple P and Fetal Alcohol Spectrum Disorder (FASD) research;
- Through the Towards Flourishing project, work is underway to improve the mental health of parents and children in Manitoba's Families First program. This project is a partnership with the Winnipeg Regional Health Authority (WRHA), the University of Manitoba, and is funded by the PHAC;
- Continued progress on the Interdepartmental Provincial FASD Strategy which builds on prevention, intervention, support and research initiatives over the next five years;
- A new FASD prevention program, Project CHOICES is aimed at reducing alcohol exposed pregnancies by providing information and brief motivational intervention to women and adolescent girls who are not yet pregnant but at high risk of an alcohol exposed pregnancy;
- Implementing Seeds of Empathy in Early Childhood centres, Aboriginal Head Start programs and nursery schools, in a randomized controlled trial;
- Continued progress on developing an evidence-based approach to Middle Childhood and Adolescent Develop (MCAD) including evaluations for several new initiatives: Signs of Suicide, Lifeskills Training, and Healthy Buddies; and
- Continued progress on implementing the Communities That Care (CTC) pilot in four Manitoba communities.

Sustainable Development

The Sustainable Development Act sets out principles for HCMO to follow in integrating considerations for the environment, human health, and social well-being into daily operations. Guided by its mandate to work across departments and sectors to improve the well-being of Manitoba's children, youth, families and communities, HCMO activities and achievements related to sustainable development are represented throughout this report.

I. HCMO Program Development and Implementation

The well-being of Manitoba's children and youth is a government-wide priority. HCMO program development and implementation activities continued to focus on the five original HCCC core commitments (March 2000): parent-child centres, prenatal and early childhood nutrition, fetal alcohol syndrome (FAS) prevention, nurses in schools, and adolescent pregnancy prevention. Over time, these commitments have evolved and expanded respectively, as follows:

- Parent-Child Coalitions
- Healthy Baby
- Fetal Alcohol Spectrum Disorder (FASD) Prevention and Support
- Healthy Schools
- Middle Childhood and Adolescent Development

HCMO program development and implementation are supported by the Healthy Child Interdepartmental Program and Planning Committee, which includes officials from HCCC partner departments, as well as Manitoba Local Government. Chaired by HCMO, the committee works to coordinate and improve programs for children and youth across departments.

HCMO program development and implementation includes initiatives for early childhood development (ECD), FASD prevention and support, middle childhood and adolescent development, and community capacity building.

A) Early Childhood Development (ECD)

A focus of the Early Childhood Development portfolio is to raise the profile of the evidence and programs that support children prenatal to age 5 years. Research shows that investments in ECD, through universal and targeted early childhood programs and services, strengthen the foundation for children's lifelong health, well-being, and learning success. In 20010/11, work continued on the provincial ECD strategy, incorporating evidence-based principles and best practice models.

Parent Child Coalitions

Parent Child Coalitions bring together community strengths and resources within a geographic boundary to promote and support community-based programs for young children (0-5 years) and their families. Parent Child Coalitions operate in every region of the province, organized within the 10 Regional Health Authority (RHA) boundaries outside Winnipeg and the 12 Community Areas within the Winnipeg RHA. One cultural coalition provides supports to Francophone communities. A number of family resource programs also receive support through the Parent Child Coalition funding. This community development approach includes representation from parents, school divisions, early childhood educators, health professionals and other community organizations.

Parent Child Coalitions plan community activities based on local needs determined through community consultation. Community-level Early Development Instrument (EDI) results are shared and used to form the basis of funding and programming decisions. Core priorities of coalition activities include positive parenting, nutrition and physical health, literacy and learning, and community capacity building. A wide variety of service delivery approaches are used and a wide range of activities are offered.

The Council of Coalitions includes representatives from each Parent Child Coalition and meets on a regular basis to promote community development, networking, professional development and sharing of resources. Also, the Provincial Healthy Child Advisory Committee includes representation from urban, inner city, rural and northern coalitions, HCMO hosts an annual Provincial Forum to provide Parent Child Coalition members and community partners with professional development and networking opportunities. The 10th Anniversary of Healthy Child Manitoba was celebrated at the November 2010 National Child Day Forum, with representatives from across the province acknowledged for their community service to families with pre-

school children. Dr. Fraser Mustard was awarded the Order of the Buffalo Hunt by Premier Greg Selinger at this event.

Triple P – Positive Parenting Program

On March 21, 2005, HCCC announced funding to implement the Triple P - Positive Parenting Program system in Manitoba. Triple P is founded on more than 30 years of rigorous international research conducted at the University of Queensland's Parenting and Family Support Centre in Australia and internationally across several countries and cultures. Since the initial announcement in 2005, HCMO has been presenting to and consulting with community agencies, RHAs, child care centres, family resource centres, school divisions, and others to inform and seek partners on this proven approach to supporting Manitoba's parents, with an initial focus on families with children under the age of 12 years and especially under age six years.

In order to reach all parents, the Triple P system is designed as a training initiative to broaden the skills of current service delivery systems (i.e. those working in health, early learning and child care, social services, education), at multiple levels of intensity, from brief consultations to intensive interventions. Parents have the opportunity to access evidence-based information and support, when they need it, from Triple P trained and accredited practitioners in their local community.

Agencies and organizations with trained staff are then able to offer Triple P to clients within their particular mandate. For some agencies this means providing Triple P services to the general public while for others it is provided to those clients within the mandate that they currently serve (e.g., mental health services of an RHA, clinical support services of a school division, or parents whose children attend a local child care facility).

To ensure successful implementation and delivery, Triple P has been phased in across the province. Based on a HCCC-approved, two-part selection process based on both need and capacity, five initial communities were selected from four geographic categories (inner-city, suburban, rural and northern) using RHA and Winnipeg Community Area boundaries. This process included identifying communities with the highest need, as determined by results from the EDI, and community capacity and readiness.

For 2005/06, the five regions that were identified to receive training and implement Triple P based on the above criteria were: North End/Point Douglas, Elmwood and Seven Oaks in Winnipeg, as well as North Eastman and Burntwood.

Based on the same selection criteria, an expansion of training to the following regions and communities was announced in August 2006: NOR-MAN, Parkland, Interlake, South Eastman, Brandon, and in Winnipeg: Downtown and Inkster community areas.

In April 2008, training was opened to the remaining regions (i.e., Assiniboine, Central and Churchill) and Winnipeg community areas (i.e., Fort Garry, River East, Transcona, River Heights, St. Vital, St. Boniface, St. James, and Assiniboine South).

Triple P training and accreditation continues to be provided to staff from a wide range of organizations and agencies to enhance their skills in this population-level prevention and early intervention approach. HCMO continues to work with organizations and agencies to identify the most appropriate person(s) to be trained, at different levels of the Triple P system, using general guidelines established by Triple P International.

HCMO continues to be committed to allocating funding to support the costs of training service providers (including a subsidy for travel and accommodation) in the Triple P system and to provide, at no cost to agencies, the resource materials needed to deliver Triple P.

In partnering with HCMO and in participating in Triple P training and accreditation, agencies and organizations commit themselves to (a) deliver Triple P services to parents and families in their community; (b) ensure strong managerial and supervisory support for their staff through the training, accreditation and implementation phases of Triple P and (c) participate in the evaluation of Triple P.

In recent years, Triple P training and/or accreditation opportunities have been held in Winnipeg, The Pas, Thompson, Brandon, Swan River, Altona, Winkler, Dauphin, Portage la Prairie and Churchill. Feedback from practitioners who have taken training has been very positive regarding the quality of the training received. Practitioners have also expressed strong satisfaction and appreciation that training has been offered in the various regions as well as in Winnipeg.

During the 2010/11 year, 12 Triple P training courses were held in Manitoba. By the end of March 2011, a total of 1292 practitioners from approximately 208 community agencies, RHAs, school divisions, child care centres, government departments, and other organizations, had participated in Triple P training and had successfully completed accreditation since the advent of the program in 2005. This added an additional 142 new practitioners and 10 new agencies/organizations to the total from the previous year. Several of these practitioners have been accredited to deliver more than one level of Triple P intervention.

In February 2010, the first Triple P training in French for Francophone practitioners was held in Winnipeg. This training offered in French was the first such Triple P training held in Canada and honoured a commitment made to Francophone communities in Manitoba that Triple P training and services would be made available in French. During the past year, an additional Triple P French Group training course was held in Winnipeg with participants attending from a number of different communities and agencies. Several Triple P groups for parents were held during the past year for Francophone parents and were very well attended.

In November 2009, HCMO facilitated a memorandum of understanding between Triple P International, HCMO, and the Government of Manitoba Translation Services to facilitate the translation of Triple P resource materials for both service providers and parents. The 2010/11 year saw the completion of the translation of all Group Triple P related resources and materials and the initiation of the translation of additional resources and materials for the delivery of both Primary Care (i.e., brief consultations) and Selected (i.e., public education seminars) Triple P. It is anticipated that these additional resources will be fully available to Francophone parents in 2011/12 and, as such, will provide parents with a broad array of Triple P materials in French.

There also continues to be a positive response from many First Nations communities (especially in northern Manitoba) in sending practitioners for training. Practitioners have included nurses, crisis counsellors, FASD mentors, federal Canada Prenatal Nutrition Program (CPNP) staff, school guidance counsellors, educational assistants, resource teachers, and early learning and child care staff.

Two other important Triple P initiatives occurred during this past year. The first saw the initiation of several Community PATH processes facilitated by the Triple P Northern Coordinator in several localities in Northern Manitoba. PATH stands for Planning Alternative Tomorrows with Hope. Trained and accredited Triple P practitioners have participated in this process of discussion and planning. This PATH process serves as a valuable tool to be able to gather information as to what has been working with the Triple P program and what could be potential roadblocks / issues that the practitioners face in their community. The coordinator began incorporating the PATH process in December of 2010 and has found that it allows the participants to share their dreams, goals, and strengths of the community, and also identifies who else needs to be involved in the action plan to make the PATH succeed. The PATH is done on a 14-foot long piece of paper and is left in the community at a location where community members see firsthand the sense of pride and commitment in the community along with the aspirations that the community hopes to develop in the coming months and years. In 2011/12, additional PATHs are planned in Northern Manitoba.

The second initiative saw the establishment of the Elmwood/River East/Transcona Triple P Table. This Table brings together, on a monthly basis, the key agencies and organizations within these communities that are delivering Triple P to discuss ways in which they might collaborate more effectively to provide Triple P services to families that they serve. These discussions have led amongst other things to the development of a strategic Triple P plan, collaboration in co-facilitating Triple P groups, and the establishment of a community telephone number (hosted by the River East Access Centre) to assist parents in connecting with Triple P in the area.

During the winter 2010/11, Triple P undertook a multimedia public awareness and education campaign that included print ads in community newspapers throughout the province, as well as bus shelters and interior

bus ads. Radio and television spots were also developed that provided parents with simple but important parenting "tips" that could easily be incorporated into a parent's interactions with their child. Messaging to the public concerning the importance of parenting and the availability of Triple P in Manitoba was also included as part of the campaign and, overall, the campaign proved very successful with a threefold increase in the number of visits to the Triple P Manitoba website (www.manitobatriplep.ca) and a fourfold increase in the number of telephone calls to HCMO from parents and practitioners expressing interest in obtaining Triple P services.

On an ongoing basis, as well, Triple P newsletters are sent to more than 5,000 practitioners, agencies, child care facilities, family doctors, and other community partners, in both official languages. The newsletter promotes Triple P and provides information about Triple P across the province. A very positive response continues to be received from our partners regarding this newsletter.

In the fall of 2010, HCMO also released its first report on Triple P titled: "A Developmental Evaluation of Manitoba's Provincial Implementation." The Comprehensive Practitioner and Manager Interview (CPMI) was conducted in the fall of 2008 to evaluate the uptake of Triple P training and begin to assess the reach of the program. Only the regions of the province that had come on in the first two waves of training were eligible to participate, and so the results reflect the status of Triple P implementation within those regions at that time. Important findings highlighted in the report included:

- Of the trained Triple P practitioners who responded to the survey, the vast majority (81%) have incorporated Triple P ideas or principles into their work in general since they were trained.
- Practitioners use the various levels of Triple P with varying numbers of parents and uptake has occurred across sectors and settings.
- Almost all of the practitioners who use Triple P (95%) are confident in their skills in delivering the program.
- Workplace support for the use of the program was high among the practitioners using Triple P.
- Most practitioners (90%) reported that parents were receptive to the use of the program.
- A need for strategic ways to support Triple P trained practitioners and participating agencies in implementing the program was identified and addressed in an ongoing manner.

Healthy Baby

In July 2001, HCMO introduced Healthy Baby, a two-part program that includes Healthy Baby Community Support Programs and the Manitoba Prenatal Benefit. Healthy Baby supports women during pregnancy and the child's infancy (up to the age of 12 months) with financial assistance, social support, and nutrition and health education.

The Manitoba Prenatal Benefit was modeled after the National Child Benefit. Manitoba was the first province in Canada to extend financial benefits into the prenatal period and to include residents of First Nations on-reserve communities. The benefit is intended to help women meet their extra nutritional needs during pregnancy and also acts as a mechanism to connect women to health and community resources in their area. Benefits can begin in the month a woman is 14 weeks pregnant and continue to the month of her estimated date of delivery. A woman qualifies for benefits if her net family income is less than $32,000.00. Benefits are provided on a sliding scale based on net family income. The maximum number of benefits is seven and the maximum benefit amount is $81.41. Information sheets on pregnancy, nutrition, baby's development and the benefits of going to a Healthy Baby Community Support Program are enclosed with monthly cheques.

In 2010/11, the benefit was provided to 3,965 women in Manitoba during their pregnancies, totaling $1,800,585.52. Approximately 48% of approved applicants live in Winnipeg, 52% live in rural Manitoba and 30% live in First Nation communities. Since the program launch date of July 1, 2001, over 42,500 women have received benefits totaling over $18 million.

Through a consent provided on the Manitoba Prenatal Benefit application form, HCMO is able to connect women to community health services and/or Healthy Baby community support programs as a further means

of supporting healthy pregnancies. Referrals are made to both provincial and federal prenatal programs and health agencies (both on and off reserve). In 2010/11, the prenatal benefit office made 3,625 referrals.

Healthy Baby Community Support Programs are designed to assist pregnant women and new parents in connecting with other parents, families and health professionals to ensure healthy outcomes for their babies. Community programs offer family support and informal learning opportunities via group sessions and outreach. Delivered by community-based partners, the programs provide pregnant women and new parents with practical information and resources on maternal/child health issues, prenatal/postnatal and infant nutrition, breastfeeding, healthy lifestyle choices, parenting ideas, infant development and strategies to support the healthy physical, cognitive and emotional development of children.

In 2010/11, HCMO funded 28 agencies to provide programming in over 100 communities and neighborhoods province-wide. In Winnipeg, HCMO funded the Winnipeg Regional Health Authority (WRHA) to provide professional health support (public health nurses, nutritionists, registered dietitians) to Healthy Baby sites. In urban centres, community-based programs are delivered on a weekly basis by a team which includes a program coordinator and health professionals. In rural and northern centres, Healthy Baby Community Support Programs are delivered primarily on a monthly basis by a program coordinator with additional support from health professionals, depending on regional resources.

In Winnipeg, the Adolescent Parenting Centre is the location of a new Healthy Baby site that targets adolescent parents. This is a pilot program that runs once monthly.

In 2010/11, the *Healthy Baby Resource Guide* was completed and distributed to service providers to complement the *Healthy Baby Community Program Guide* by providing program staff with evidence-based resources and programming ideas that they can use in group sessions. In 2009, Healthy Child Manitoba Office partnered with Bookmates Inc, who delivered very successful "Fabulous Facilitation" workshops for all Healthy Baby service providers. In 2010, to augment the training and provide Healthy Baby teams with a "toolkit" to support group work, Bookmates Inc., in partnerships with HCMO, developed the "Facilitation Guide for Healthy Baby Service Providers". The guide provides teams with the tools and resources to facilitate learning among program participants, manage group dynamics, enhance team building and have some fun with parent – infant activities. Currently HCMO is working on a low literacy prenatal resource "Making Connections: You and Your Growing Baby" that will support pregnant women and their families during pregnancy and birth. This resource will complement the low literacy postnatal resource "Making Connections: Your First Two Years with Baby", which was distributed in 2010.

Milk coupons are offered through the Healthy Baby Community Support Programs as an incentive to participate and as a nutritional investment. Milk coupons can be redeemed at participating stores across Manitoba. Over 250 stores across Manitoba continue to partner with HCMO for the milk coupon redemption program. In 2010/11, $127,509.63 was expended for the redemption of milk coupons.

In November of 2010, the Manitoba Centre for Health Policy released the "Evaluation of the Healthy Baby Program", which found that there was positive associations for women who were involved in either component of the Healthy Baby program. Participation in Healthy Baby Community Support Programs was associated with increased adequate prenatal care and increased breastfeeding initiation, but unexpectedly, with decreased continuity of infant care. The prenatal benefit was found to reach the majority of low-income women; close to 1/3 of all births in Manitoba, are to women who received the benefit during pregnancy. Receiving the prenatal benefit was associated with reduced low birth weight, reduced preterm births, and increased breastfeeding initiation.

Families First

Home visiting programs have demonstrated value in supporting families to meet the early developmental needs of their children. Manitoba's home visiting program, Families First, employs paraprofessionals who receive in-depth training in strength-based approaches to family intervention. The program's goals are to ensure physical health and safety, support parenting and secure attachment, promote healthy growth, development and learning, and build connections to the community.

Families First is funded and coordinated through HCMO, and delivered through the Regional Health Authorities (RHAs) in Manitoba. The program provides a continuum of home visiting services for families with children, prenatal to school entry. Public Health Nurses (PHNs) complete the screening process with all new births in Manitoba (over 15,000 births annually). Families identified through the screening process are offered an in-home Parent Survey focusing on parent-child attachment, challenges facing the family, current connection to community resources, and personal and professional support. The Parent Survey process is used to guide public health staff in determining the level of support most complementary to each family's situation, including home visiting, as available. In 2010/11, HCMO provided funding to RHAs to employ 148.7 equivalent full-time home visitors province-wide. Approximately 1479 families received intensive home visiting support from home visitors, an increase of about 35 families.

Initial Families First (formerly BabyFirst and Early Start) program evaluation highlights were distributed in 2005/06. The evaluation suggested that the universal screening and in-depth assessment processes are successful in identifying families that are most in need of home visiting and other supports. After being in the program for one year, families had improved parenting skills and were more connected to their communities (for more information, see http://www.gov.mb.ca/healthychild/familiesfirst/evaluation.html).

On June 14, 2010, a comprehensive Families First Home Visiting report was released. Evaluation results show program families have better parenting skills, better psychological well-being, better social support and feel more connected to their neighborhoods than comparison families. Minister Rondeau proclaimed this day Home Visitor Day in Manitoba.

Work is proceeding on a demonstration project called the Towards Flourishing project and funded by Public Health Agency of Canada. A collaboration between HCMO, the Winnipeg Regional Health Authority and the University of Manitoba promotes the mental well-being of parents and children by adding a mental health promotion strategy to Manitoba's Families First program (see below).

Support for Training and Professional Development
HCMO ensures that all Families First home visiters and the public health nurses who supervise them receive comprehensive training opportunities to continually improve program outcomes and ensure job satisfaction.

Staff are trained in the Growing Great Kids curriculum, a parenting and child development curriculum that focuses on the integration of the relationship between parents and their child, with comprehensive child development information, while incorporating the family culture, situations and values specific to each parent. The curriculum aims to foster empathic parent-child relationships while also guiding staff in their efforts to provide strength-based support to families.

All Families First Home Visitors and their supervisors participate in four days of core training to give staff the tools for delivering successful services to families. Starting with building the philosophical foundation for work with families and overall program goals, staff receives training related to building trusting relationships, promoting positive parent-child relationships and healthy child development, recognizing family progress and boundaries or limit setting. In 2010/11, Great Kids Inc. revised the training materials for the core training. Participants include Families First staff as well as other community partners. Supervisors participate in a fifth day of training, focusing on clinical supervision and program and quality management.

In 2006, HCMO began training for home visitors and supervisors working in the Maternal Child Health Program of First Nations Inuit Health Branch (FNIHB) and Assembly of Manitoba Chiefs (AMC). In 2010/11, 16 individuals from 14 First Nation communities received provincial core training. This included practitioners from the communities of Rolling River, Dakota Tipi, Brokenhead, Swan Lake, Opaskwayak Cree Nation, Norway House, Pine Creek, Keeseekoowenin, Sagkeeng, Nelson House, Cross Lake, Long Plain, Nisichawayasihk, and Peguis.

Additionally, Families First staff receive training in Bookmates Family Literacy Training. Bookmates enhances family literacy through raising parental and community awareness about the importance of reading to infants and young children. HCMO provides grant support to Bookmates Inc. to deliver training workshops in literacy development.

In 2010/11, 26 PHNs received Parent Survey training and 11 PHNs received Advanced Parent Survey training. This is a decrease in the number trained from the previous year which suggests an increase in retention of staff and stability in the program. Over 500 PHNs have been trained since the inception of the program. PHNs have opportunities annually for advanced training related to the Parent Survey process.

Towards Flourishing: Improving Mental Health among New Mothers in the Manitoba Families First Home Visiting Program (2009 – 2015)

The Towards Flourishing Project was developed to promote the mental well-being of parents and children through a new Mental Health Promotion Strategy within Manitoba's Families First Home Visiting Program.

The main goals of the Project are to:

1) improve the mental health and decrease mental illness of women and their children;
2) strengthen public health workforce capacity to promote positive mental health and address the mental health needs of families; and
3) build community capital by creating mechanisms for effective mental health promotion interventions in community settings across Manitoba.

The Towards Flourishing Project is a collaboration between HCMO, the Winnipeg Regional Health Authority (WRHA), and the University of Manitoba. The Project is funded by the Public Health Agency of Canada, receiving $2.6 million over 4 years, and rolling out in two phases. The first phase, from January 2009 – January 2010 involved the development of a comprehensive strategy to improve the mental well-being and prevent mental health problems for women in the program. This included piloting parts of the strategy and evaluating them through qualitative and quantitative methods. The second phase, from February 2010 – February 2015 involves ongoing development of the strategy as well as implementation and rigorous evaluation through a step-wedge randomized controlled trial.

The Towards Flourishing Project is designed to provide multiple levels of support to families and public health staff including new mental health tools, training workshops for public health and mental health staff, enhanced screening and referral, and a plan to strengthen collaboration and connections within and between public health and mental health systems. A cultural lens serves to align the Project with the needs of Manitoba's diverse population - particularly Aboriginal, Francophone, immigrant and refugee communities.

In 2010/11, three community areas within the city of Winnipeg participated in pilot training, evaluation, and consultation which included both mothers and staff. Five regions were selected as primary partners in the trial and evaluation, which will be rolled out in the fall of 2011. Ongoing consultation and collaboration continues with stakeholders from a variety of sectors.

Innovative Project Characteristics

The Towards Flourishing Project plan incorporates several elements of innovation including a multi-layered strategy encompassing change at both the individual and systems level, a participatory model of Strategy development, and an evidence-based interdisciplinary approach.

Evaluation Plan and Intended Knowledge Exchange Activities

A mixed methods approach is planned in evaluating the development, implementation and outcomes of the Towards Flourishing Mental Health Promotion Strategy. Qualitative evaluation of the process and early impacts of implementation of the Strategy will be conducted during pilot and trial stages using a developmental framework and case study design. Process evaluation methods will include interviews and focus groups with multiple stakeholders, survey questionnaires and network mapping. Detailed content analysis will be employed to identify major themes in evaluating the Strategy. Network analysis will be used to document system relationships. Quantitative evaluation of the long-term mental health outcomes of the women and their families who participate in the Strategy will be conducted over a four year trial period. Using a quasi-experimental step wedge design, the Strategy intervention will be randomly assigned in sequential waves to three groups of participating sites. Hierarchical linear modeling is proposed for the summative analysis of trial data. Data analysis will be complete by January 2015.

Les Centres de la Petite Enfance et de la Famille - Francophone Early Childhood Development (ECD) – Hub Model

HCMO continues to support the development and sustainability of the Francophone ECD – Hub Model, les centres de la petite enfance et de la famille (CPEF). This school-based model is designed to provide a comprehensive continuum of integrated services and resources for minority language parents of children from prenatal through to school entry, including universal resources for increasing support and information on positive parenting, access to specialized early intervention services such as the provincial Healthy Baby program, as well as comprehensive speech/language and other specialized developmental/learning services. The overall goal is to ensure that ECD provincial programs are accessible to all Manitobans. This model supports both ECD and the early acquisition of French language and literacy skills critical to later school success.

The model of CPEF was implemented in two demonstration sites in 2004/05, École Précieux-Sang in Winnipeg and École Gabrielle-Roy in Ile des Chênes. In 2006/07, the model was expanded to two additional school settings École Réal Bérard in St. Pierre Jolys and École St. Jean Baptiste. In 2007/08, École Roméo-Dallaire (Winnipeg) and École St-Jean-Baptiste Lagimodière (Lorette) were added. In 2008/09, École St-Georges and École St-Joachim (La Broquerie) were added. In 2009/10, École Notre Dame de Lourdes, and École Taché (satellite St-Boniface), and École Noël-Ritchot (satellite St-Norbert) were added. In 2010/11 funding continued to be matched under the Canada/Manitoba Agreement on the Promotion of Official Languages.

The CPEF Steering Committee directs formal committees of government and community partners to address seven key issues: literacy/numeracy, parent education and awareness, support for exogamous families, research, early identification and intervention/multi-disciplinary services, linguistic and cultural supports, and professional training.

Intersectoral Cooperation on Early Childhood Development (ECD)

HCMO is responsible for reporting on Manitoba's implementation of the commitments in the September 2000 First Ministers' Meeting Communiqué on Early Childhood Development (ECD). This endeavour is led by the Federal/Provincial/Territorial (F/P/T) ECD Working Group and includes public reporting in all jurisdictions across Canada (except Québec) regarding ECD investments, activities and outcomes of children's well-being, and the development of intersectoral partnerships for exchanging ECD knowledge, information and effective practices.

In November 2002, the Government of Manitoba released the first of a series of major progress reports on Early Childhood Development. *Investing in Early Childhood Development* and subsequent Progress Reports provide information to Manitobans on ECD investments, activities and outcomes of children's well-being, and the development of intersectoral partnerships for exchanging ECD knowledge, information and effective practices.

In the 2003 and subsequent *Investing in Early Childhood Development* Reports, reporting to Manitobans on Early Learning and Child Care is included.

The *Investing in Early Childhood Development* 2005 Progress Report to Manitobans provided us with a first look at trends in the early development of Manitoba's children, as well as trends in related family and community characteristics. Data on indicators of children's well-being are provided for three points in time, necessary to assess trends. For printed copies of these reports, see
http://www.gov.mb.ca/healthychild/ecd/ecd_reports.html#progress

Seeds of Empathy

In collaboration with the Manitoba First Nations Educational Resource Centre (MFNERC), under a tripartite agreement (2009-2012) between Indian and Northern Affairs Canada, MFNERC, and HCMO, Manitoba launched Seeds of Empathy, an expansion of the popular Roots of Empathy program founded by Mary Gordon.

Like Roots of Empathy, Seeds of Empathy is designed to reduce physical aggression and bullying by fostering children's empathy and emotional literacy. The long term goal is to improve emotional health and build parenting capacity of the next generation. While Roots of Empathy is provided in kindergarten to Grade 8 classrooms, Seeds of Empathy is aimed at the early childhood years to be implemented in child care facilities, nursery schools and Aboriginal Head Start programs.

In 2010/11, in a randomized control trial, communities across Manitoba, including First Nations communities began implementing the two year process of staff training, program delivery and evaluation. Five training sessions were held and 110 staff from 36 early childhood centres, Aboriginal HeadStart sites, and nursery schools received training. Thirty programs were delivered which allowed the program to reach approximately 600 children. In addition, 17 centres were requested to provide control, or comparison data. These centres are eligible to be trained and to deliver SOE in 2011-12.

Six training sessions are planned for 2011-12 when approximately 100 additional people will be trained. There are 41 new programs schedule to begin delivery in 2011/12, with a total of 71 programs expected to be running in 2011-12. This will allow the program to reach approximately 1420 children in 2011/12.

Seeds of Empathy is an important component of *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy*.

B) FASD Strategy

HCMO addresses FASD through public education and awareness, prevention and intervention programs, support services to caregivers and families, and evaluation and research.

In 2007/08, the Province of Manitoba announced a coordinated, multi-year strategy to address FASD in Manitoba. The funding for this strategy is allocated to a number of government departments including Family Services and Consumer Affairs; Health; Healthy Living, Youth and Seniors; Education; Housing and Community Development; and Justice. The Healthy Child Manitoba Office is tasked with leading the coordination of the FASD strategy. The strategy includes a number of specific initiatives: Spectrum Connections, a youth and adult resource; FASD Specialists to support child and family services agencies; increased diagnostic services for adolescents; funds to enhance public education initiatives; a training strategy to improve service delivery systems; expansion of the InSight Mentoring Program (formerly known as Stop FASD) to three rural communities; more support for women with addictions; more training supports for schools divisions; and increased FASD research.

FASD Prevention

InSight Mentoring Program (formerly Stop FASD)
InSight is a unique three year service that provides intensive case management, support and advocacy for women who are pregnant and have substance use problems. Using a harm reduction approach, women are assigned mentors that help them set and attain goals, make connections within their communities, and create healthier environments for themselves and their children.

Project CHOICES
CHOICES is a new program about alcohol, sex and birth control. Using motivational interviewing strategies, girls and women who are not pregnant are offered 4 counseling sessions to set goals and receive information about their drinking behaviours and birth control options.

Be With Child – Without Alcohol
Be With Child – Without Alcohol is a prevention program of the Manitoba Liquor Control Commission (MLCC) using television and radio commercials, posters, brochures, information kits and a website to raise public awareness about alcohol use during pregnancy. The MLCC consults with HCMO to ensure their public awareness program provides the most accurate and up-to-date information.

Information and Training
Healthy Child Manitoba provides various health professionals with information and training about alcohol use and pregnancy.

FASD Supports

FASD Information Manitoba
This toll free phone line provides callers with information about FASD. This confidential phone line is staffed by experts in the area of FASD who can offer support to parents, caregivers, teachers, professionals and individuals in Manitoba needing advice and information about alcohol use during pregnancy or FASD. Relevant print material may also be mailed to callers on request.

Bridges FASD Intermediate School Program
A partnership between HCMO, Manitoba Education and the Winnipeg School Division supports students with FASD in grades 3 to 6 at David Livingston School. The purpose of this program is to identify and utilize best practices in the education of students with FASD in order to maximize the success of the student while minimizing barriers to learning in a classroom setting.

Building Circles of Support
This is an 8 week Parenting Information Series offered by the Manitoba FASD Centre to the parents, caregivers, family members and professionals who support children and youth diagnosed with FASD. The purpose of the group is to help educate and empower families and other key individuals in the child's life about FASD. These sessions provide the caregivers with the opportunity to learn about the best practices in parenting a child with FASD, as well as provide them with the opportunity to connect and network with other families. These sessions also link them to FASD resources and services in their area. These sessions are held twice a year at the Rehabilitation Centre for Children at 633 Wellington Crescent and once yearly through telehealth video conferencing through various sites services by the Regional FASD Diagnostic Coordinators.

The FASD Family Network
A newly formed network is co-sponsored by the Manitoba FASD Centre and the Rehabilitation Centre for Children providing an opportunity for parents and caregivers of children affected by FASD to meet with other parents and caregivers. Participants are asked to share ideas, develop connections and provide knowledgeable input into developing new services for families.

FASD Partnerships

The Manitoba Coalition on Alcohol and Pregnancy (MCAP)
This Coalition brings together families, service providers, community organizations and representatives from government from across the province to share information and resources, co-ordinate activities and plan together to address issues related to FASD. The coalition regularly holds lunch hour information sessions, which are broadcast via the telehealth network, and brings expert speakers to Manitoba. A regular newsletter also facilitates the province wide communication. More information on MCAP can be found at: http://www.capmanitoba.ca.

Canada Northwest FASD Partnership
The Canada Northwest FASD Partnership is an intergovernmental partnership between the four western provinces - British Columbia, Alberta, Saskatchewan and Manitoba and the three territories, Yukon, Northwest Territories, and Nunavut. The partnering jurisdictions have agreed to share best practices, expertise, and resources, and to develop joint strategies and initiatives to better address the issue of FASD. The partnership also provides funding, on a three year cycle, for jurisdictions to take turns holding international conferences on the latest advances in research and initiatives related to FASD. Manitoba's turn to hold a conference will be in the fall of 2014. For more information, visit the Canada Northwest FASD Partnership website. (www.cnfasdpartnership.ca)

FASD Research

Canada Northwest FASD Research Network
The Network aims to build research capacity across Western Canada and the Territories to address high priority research questions, to devise more effective prevention and support strategies for women, for individuals with FASD and their families, and to better inform policy. For more information visit the Canada Northwest FASD Research Network website (www.canfasd.ca)

FASD Research Scientist Award
This award has been established in partnership with the University of Manitoba, Faculty of Medicine's Department of Community Health Sciences. This award is intended to increase local research in the area of FASD, secure more funding for FASD research and inform policy development in this area.

FASD Screening
Data on alcohol use during pregnancy is routinely collected in Manitoba from women who have recently had a baby, through the Families First Screening. This information is important for understanding general trends and patterns of alcohol use during pregnancy and is used to inform policy and programming decisions.

C) Middle Childhood and Adolescent Development

The Middle Childhood and Adolescent Development (MCAD) portfolio focuses on raising the profile of the evidence and programs that support children and youth aged 6-18 years. Research shows that investments in MCAD maintain the investments and positive gains that are achieved in early childhood programs and services. In 2010/11, work continued on the development of a provincial approach to MCAD, incorporating harm reduction strategies for risk behaviours and principles of population health, based on scientific knowledge and best practice models.

Within the MCAD portfolio, Middle Childhood focuses on children aged 6 - 12 years and Adolescent Development focuses on youth aged 13 - 18 years.

Healthy Schools

In 2010/11, HCMO continued to partner with the education sector to facilitate and support progress towards positive health and education outcomes for all students.

Healthy Schools is Manitoba's provincial school health initiative promoting the physical, emotional, and social health of school communities and is consistent with the comprehensive school health approach. The initiative supports school communities to create school environments that enhance the healthy development of children and their families by working in partnership with community service providers and resources. Healthy Schools recognizes that good health is important for learning and that schools can have a positive influence on the health of children, youth and their families. Under the auspices of HCCC, Healthy Schools is a partnership between Manitoba Healthy Living, Youth and Seniors; Manitoba Education; and HCMO; with Healthy Living, Youth and Seniors serving the lead role.

Healthy Schools focuses on six priority health issues in the context of the school community: physical activity, healthy eating, safety and injury prevention, substance use and addictions, sexual and reproductive health, and mental health promotion. The Healthy Schools Initiative includes the following components and related activities:

Community-based Activities
In 2010/11, annual funding was provided to school divisions and all independent and band operated schools through the Healthy Schools Community-Based funding to facilitate partnerships with regional health authorities and other local resources around developing and implementing Healthy Schools activities. Examples of Community-based activities include:

- wellness promotion (e.g. workshops, fairs, days) on various health topics;
- purchase of equipment and/or materials (e.g. sports equipment, books);
- implementation of programs and staff training;
- distribution of kits (successful learners, healthy living, medicine bags);
- presentations to students on various topics (e.g. bullying, Teen Talk); and,
- development and implementation of division wide healthy living (e.g. nutrition) policy.

Targeted Provincial Campaigns
Annual funding was provided to schools through the Healthy Schools Targeted Provincial Campaigns to undertake projects that support and increase awareness of an important health and wellness issue. In 2010/11, schools were eligible to receive funding through the Healthy Schools Campaigns for activities that focused on mental health promotion (fall 2010) and safety and injury prevention (spring 2011).

Provincial Resources

Healthy Schools Website
The Healthy Schools website provides information and educational materials to assist school communities in promoting comprehensive school health www.gov.mb.ca/healthyschools.

The following resources are available on the website:
Services and Supports Directory
- A resource directory featuring a searchable listing of services, programs and organizations throughout Manitoba related to child health and education and other useful topics;

Healthy Schools eNews
- A free electronic subscription service that keeps subscribers up-to-date on the latest information about Healthy Schools;

Healthy Schools Stories
- Manitoba schools are invited to share their Healthy Schools story. Stories are posted on the website to share information and inspire other schools.

Related Activities
Supported by HCMO, Manitoba Healthy Living, Youth and Seniors, through the Healthy Schools Initiative, facilitates the delivery of the following school health promotion activities:

Healthy Schools *in motion*
Manitoba *in motion* is a provincial strategy to help all Manitobans make physical activity a part of their daily lives for health benefits and enjoyment. A Healthy School *in motion* values the benefits of physical activity and ensures that it is a visible priority in the daily life of the school by working towards the goal of 30 minutes of daily physical activity *every* day for *every* student. Over 560 schools are registered as a Healthy Schools *in motion*.

Healthy Buddies™ Pilot Project
In 2009-2010, HCMO and Manitoba Education through Manitoba's Healthy Schools Initiative introduced the Healthy Buddies™ Program as a pilot project in 20 elementary schools across the province.

First started in British Columbia, Healthy Buddies™ was developed by physicians and educators to promote community health and prevent chronic disease. It is a school-based health promotion program that works to empower elementary school children to live healthier lives. Healthy Buddies™ focuses on encouraging healthy attitudes and behaviours in three areas of health:

1. Physical activity (or Go Move!)
2. Eating healthy (or Go Fuel!)
3. Feeling good about yourself (or Go Feel Good!)

Healthy Buddies™ uses a peer teaching model by partnering younger students with older "buddies" who serve as mentors and healthy role models. Together students learn to make healthy choices that will help them lead healthier lives.

The purpose of this pilot was to evaluate the effectiveness of Healthy Buddies™ in Manitoba in a randomized controlled trial and determine the value of offering and implementing this program at a provincial level. For a short-form report summarizing the key findings of the Healthy Buddies™ Pilot Project evaluation, visit www.gov.mb.ca/healthyschools/healthybuddies.

Joint Consortium for School Health
Manitoba's Healthy Schools Initiative participates in the Pan-Canadian Joint Consortium for School Health (JCSH). The JCSH is a leader in supporting the advancement of comprehensive school health in Canada. Established in 2005, the JCSH is a partnership of federal, provincial, and territorial governments from across Canada, working together to promote the health of children and youth in the school setting.

Roots of Empathy

In 2010/11, HCMO continued to support the implementation and sustainability of Roots of Empathy (ROE), an evidence-based, bilingual, universal and classroom-based parenting program that increases pro-social behaviour and reduces physical aggression and bullying by fostering children's empathy and emotional literacy. In the long term, the goal of ROE is to build the parenting capacity of the next generation of parents.

ROE is provided to children in classrooms from kindergarten to grade eight (K-8). Certified ROE instructors deliver the curriculum, approved by Curriculum Services Canada, in the same classroom, three times a month for the school year. The heart of the program is a neighbourhood infant and parent(s) who visit the classroom once a month.

By the end of the school year, students have become attached to "their baby" and have come to understand the complete dependence of the baby on others. They have also come to understand health and safety issues, such as proper sleep position, injury prevention, Shaken Baby Syndrome, FASD, the risks of second-hand smoke, the benefits of breastfeeding, and the stimulation and nurturance required for healthy child development. As the ROE instructor coaches children to observe and interpret the baby's feelings, students learn to identify and reflect on their own feelings, and to recognize and respond to the feelings of others (empathy), thereby strengthening emotional literacy and reducing bullying.

Building on the success of the 2001/02 pilot of the ROE program, and the positive outcomes of improving pro-social behaviour and reducing aggression in students from a longitudinal randomized controlled trail of the program, ROE has continued to expand across Manitoba. In 2010-11, ROE was delivered by 220 ROE certified instructors in 240 classrooms across Manitoba to 4500 students from kindergarten to grade 8. Additionally, there are 125 instructors registered for ROE program delivery training in the 2011/12 school year. Manitoba's completed evaluation of ROE was published in a special issue of the Healthcare Quarterly (Vol. 14 April 2011): Effectiveness of School-Based Violence Prevention for Children and Youth – Cluster randomized controlled field trial of the Roots of Empathy program with replication and three-year follow-up.

Mentoring Interventions

In 2010/11, HCMO continued to support mentoring programs both within and outside of Winnipeg, including Big Brothers and Big Sisters (BBBS) In School Mentoring programs in Winnipeg, Brandon, Portage la Prairie, and Morden/Winkler, as well as the New Friends Community Mentorship program in the Lac du Bonnet and Pinawa area. In 2010-11, approximately 250 children were matched with mentors in these communities.

Out of School Programming

HCMO continued to support out of school programming at the Boys and Girls Club of Thompson. Programming focuses on providing a balance of structured and unstructured learning activities in the core areas of recreation, nutrition, vocation, and education. On average, 346 children and youth were served in 2010-11.

In addition, HCMO continued its support of the CSI Summer Learning Enrichment program through the Boys and Girls Club of Winnipeg. This school-based summer day camp for targeted communities in Winnipeg provides children with the ability to participate in a variety of academic, recreational, arts, cultural, and educational activities during the summer months. The program also has a nutrition component and employs local youth and university students. In the summer of 2010, 620 children attended at 10 sites and over 52 university students and 41 local high school students were hired.

COACH

In 2010/11, HCMO continued to support COACH, a 24-hour wrap-around program for 5-11 year old children with extreme behavioural, emotional, social and academic issues. COACH is designed for children who are not able to learn in a school classroom even with support of a full-time EA; and have committed criminal offences for which they would be charged if they were age 12 and over; who have been in and out of care; and who reside within the Winnipeg School Division catchment. The program runs for 12 months of the year and provides both the appropriate school curriculum and family-based components as well as community socialization, aimed at returning students to an educational setting where they can function with specialized supports. Children are in the program from one to three years.

There is an ongoing program evaluation of COACH which focuses on pre and post measures in a case study approach. Multiple informants including the parent/guardian, teacher, psychologist, COACH, COACH Manager, and the student provide responses on a standardized survey at the start of attendance at COACH and close of each school year. Progress has been noted in academic, social, emotional, community and behavioural functioning as well as an increase in parents' involvement with the school setting, and based on parent reports, an improved relationship with their child.

Life Skills Training

In 2010/11, HCMO, in partnership with Manitoba Education and Manitoba Justice continued its pilot of the Life Skills Training (LST) program in a randomized controlled trial. Through the pilot project, LST was implemented in thirty Grade 3 classrooms across the province to determine the effectiveness of LST in Manitoba

Developed by Dr. Gilbert J. Botvin (Cornell University), LST is an evidence-based prevention program targeting social and psychological factors that may cause youth to initiate high risk behaviours, including substance abuse and violence. LST focuses on teaching children how to make healthy choices throughout their lives by improving personal self-management skills, general social skills and self esteem, and drug resistance skills. For more information on LST, please see www.lifeskillstraining.com.

School/Community-Based Primary Health Care

HCMO's Teen Clinic model uses a community development approach to build partnerships among health providers, educators and community organizations to improve health outcomes for Manitoba teens. Since 2002/03, HCMO has funded the Elmwood Teen Clinic, an after-hours, school based primary health care facility located at Elmwood High School and managed by Access River East one day per week. The clinic addresses the general health and well-being of students and neighborhood youth, including sexual and reproductive health issues. In 2010/11, there were 586 visits to the Elmwood Teen Clinic.

Results from a 2003 client satisfaction survey were very strong with over 96% of respondents indicating satisfaction with service. A subsequent process evaluation indicated that key components of the model including an effective triage system, appropriately trained and qualified staff, and appropriate and committed community partnerships all contributed to the progress of the Elmwood Teen Clinic.

Based on the success and interest in the Elmwood Teen Clinic, in 2005/06, HCMO expanded the model to a second pilot at St. John's High School in Winnipeg. The St. John's Teen Clinic, managed by Mount Carmel Clinic, operates similarly to the Elmwood Teen Clinic. In 2010/11 there were 479 visits to St. John's Teen Clinic.

In 2006/07, the Interdepartmental Teen Clinic Committee selected NOR-MAN RHA and Interlake RHA to receive new HCMO funding to establish teen health services in their regions. The main criteria for the

selection of the teen clinics were the need for adolescent health services in the region, the capacity of the region to implement their plan, and the utilization of multidisciplinary partnerships.

NOR-MAN RHA has matched the HCMO funding to enhance teen primary care services in Flin Flon, The Pas and Cranberry Portage. The NOR-MAN model is a combination of school-based and community-based clinics that provide maximum access to services for NOR-MAN youth. In 2010/11, there were 739 visits to the NOR-MAN Teen Clinics.

Interlake RHA established a school-based teen clinic in École Selkirk Junior High in 2007. This clinic is an after hours clinic that is open to all youth living in the Interlake region. In 2010/11, there were 980 visits to Selkirk Teen Clinic. As well, an evaluation framework has been developed to evaluate all the HCMO-funded clinics.

Health and Wellness Promotion

HCMO extends support to community-based agencies to support the healthy development of adolescents including those that emphasize the direct involvement of youth in identifying their own issues and developing their own solutions. Klinic's Teen Talk program is a comprehensive health promotion program designed to empower youth to make healthier lifestyle choices. Program components include the use of community role models and elders, and an emphasis on peer mentoring to facilitate youth leadership, issue ownership and decision-making. A new Teen Talk website was launched in 2011, with the support of HCMO, which provides wide-ranging information in the areas of sexual and reproductive health, mental health, healthy relationships, substance use and FASD. The site also features a section dedicated to answering frequently asked questions that Teen Talk receives from youth during their workshops. There were 3,694 visits to the website in the first six weeks after the launch. In 2010/11, 20,947 youth received Teen Talk services.

Education-based Youth Suicide Prevention Programs

In 2010/11, HCMO continued its partnership with Manitoba Family Services and Consumer Affairs (under the *Changes for Children* initiative), Manitoba Education, and the Winnipeg Regional Health Authority to select, innovate, pilot, and evaluate education-based suicide prevention programs. Steered by the Youth Suicide Prevention Strategy Education Task Initiatives Committee, the progress made in this area meet the objectives of the Awareness and Understanding component of Reclaiming Hope - Manitoba's Youth Suicide Prevention Strategy. Progress to date includes the implementation and evaluation of the Signs of Suicide pilot program; a literature review to develop an inventory of evidence-based youth suicide prevention programs in education settings; an environmental scan of existing programs, approaches and models across Manitoba; work to develop a comprehensive education-based suicide prevention approach to guide government and community based organizations that provide alternate learning opportunities; and work to develop and evaluate a Manitoba-made suicide awareness and education tool that is culturally safe and relevant to the Manitoba context.

D) Community Capacity Building

HCMO, in collaboration with Healthy Child partner departments, also assists communities in building local capacity to support children, youth, and families. The following are examples of organizations that received funding in 2010/11:

Support was provided to **Ma Mawi Wi Chi Itata Centre** for the Kookum Gaa Na Da Ma Waad Abinoojig Council (Grandmothers Protecting Our Children). The Grandmother's Council is a volunteer group of grandmothers that have come together to raise community awareness and plan activities to honour and protect children and women. Activities include the Annual Grandmothers Protecting Our Children Sacred Walk, outreach to vulnerable women, support to victims of crime, a young girls' program, and speaking at community events.

The **Learning Disabilities Association of Manitoba** was provided support for a Summit on the topic of "Finding the Path to Success for Teens with AD/HD." This event provided professionals with an opportunity

to learn about the topic of supporting youth with AD/HD. A similar day was offered for families, including parents and caregivers who are parenting teens diagnosed with AD/HD.

The **Attachment Network of Manitoba** was provided funding for some of the costs related to a two day event/training with Dr. Bruce Perry on the topic Childhood Trauma. Up to 300 professionals from various sectors attended to learn about Dr. Perry's Neurosequential Model of Therapies.

West Region Child and Family Services received support for their annual fall conference, "Reclaiming Our Voices: A Gathering of Women." Each year this conference brings together up to 200 birth parents of alcohol affected children, and provides an opportunity for women to speak about their personal issues with addictions and the resulting birth of children with Fetal Alcohol Spectrum Disorder (FASD). The conference uses both traditional Aboriginal approaches and mainstream approaches to support families and prevent future prenatal exposure to alcohol.

Support was provided to **Youville Centre** for costs associated with providing an evidence-based training and education program in the area of sexual and reproductive health for volunteers working in eight of Manitoba's Teen Clinics. Teen Clinics provide youth with access to primary health care services in their communities. This volunteer training builds practical skills and leadership capacity in volunteers, many of whom are youth. At the same, it supports the professional health services of teen clinics by providing specially trained volunteer workers.

Communities That Care

In 2009/10, HCMO partnered with Manitoba Family Services and Consumer Affairs (under the *Changes for Children* initiative) and the Winnipeg Regional Health Authority to pilot Communities that Care (CTC), a new evidence-based initiative that combines strategic consultation, technical assistance, training and research-based tools to help communities come together to promote the positive development of their youth and the prevention of adolescent problem behaviors - including underage drinking, substance abuse, delinquency, teen pregnancy, school drop-out, violence and depression/anxiety.

Developed by Dr. J. David Hawkins and Dr. Richard F. Catalano - professors of social work at the University of Washington, directors of the Social Development Research Group (SDRG), and internationally known researchers in crime, violence, substance abuse prevention and positive youth development - CTC is currently being used in more than 500 communities across the US and in Australia, Canada, Germany, the Netherlands, and the United Kingdom. The Social Development Research Group (SDRG) at the University of Washington will provide training and research support to the Province of Manitoba in its efforts to pilot the CTC prevention planning system in four diverse communities throughout the Province. Over time, local community people will be trained as trainers for CTC. The communities have been identified in consultation with the Child and Family Services Standing Committee. Pilot communities that have been engaged in the Communities That Care mobilization process at varying levels are Elmwood (urban), Swan River (rural), Sagkeeng First Nation (southern First Nation) and Shamattawa First Nation (northern First Nation). In the 2010/11 year, a Provincial Coordinator was hired and the mobilization process started in the pilot sites.

Elmwood

A formal community board and Executive board structure is now firmly in place. Phase 1 Community level training has occurred for approximately twenty-five Community Board members and twenty Key Leaders in the area. Further training will take place in fall 2011 for this group. A community facilitator dedicated to CTC will be hired by the end of August 2011 and focus will shift to the recruitment of residents for board and working group population.

Swan River

Multiple community engagement meetings have been held and a core or organizing group has been formed. Funding has been allocated for the hiring of a community facilitator. A formal board structure along with Phase 1 training for Community Board members and Key Leaders in the community will be held in fall of 2011.

Sagkeeng First Nation
Multiple community engagement meetings have been held and permission to proceed has been granted by chief and council of the community. An organizing committee will be formed in fall 2011 and community level training will take place in spring 2012.

Shamattawa First Nation
Initial visits to the community have taken place and partnerships are being formed with other members of the Youth Suicide Prevention Strategy group to work collaboratively in community mobilization. Response from the community and elected officials seems positive and further community engagement meetings will be held around Communities That Care and community development activities.

For more information on the Communities That Care mobilization process please visit:
www.communitiesthatcare.net

Equity- Focused Health Impact Assessment (Pilot)

In March of 2005, Manitoba launched the *Triple P – Positive Parenting Program* to assist parents with evidence-based parenting information and supports. Currently, Manitoba's *Triple P* initiative focuses on providing services to families with children under 12 years of age. Recognizing that families with teenage children are in need of similar supports, consideration is now being given to expanding the initiative to support parents of teenagers (12-16 years), available as *Teen Triple P*, a specific program variant from the *Triple P* system.

This stage of planning for programs to support for parents of teens, coincided with a timely opportunity to pilot the use of a new planning tool, a Health Impact Assessment (HIA), proposed by a research team from the University of Manitoba. Internationally, HIA use has grown considerably over the past 20 years as a key assessment methodology to ensure that public policies, programs or projects are developed in ways that strengthen potentially positive impacts and mitigate potentially negative impacts on health and wellbeing. Many jurisdictions are now institutionalizing HIA to the extent of having legislation and regulations that support or require the use of HIAs on major new or revised policies and programs – across all government departments - for which health impacts are expected, in this way taking a whole of government approach to advance Health in All Policies. This impact assessment will focus on the potential for the proposed *Teen Triple P* to enable equitable access to the program and produce equitable outcomes and, as such, is called an equity-focused health impact assessment (EfHIA).

This pilot EfHIA of the proposed *Teen Triple P* in Manitoba, initiated in 2009/10, is supported by the Public Health Agency of Canada (PHAC), and is being carried out in partnership with HCMO (as the proponent) and the University of Manitoba (Dr. Benita Cohen, Research Lead, Faculty of Nursing), with mentoring support from colleagues from the University of New South Wales (Australia) who bring extensive experience conducting EfHIAs and staff support from Manitoba Health, Public Health. The purpose of this impact assessment pilot is to:

Phase I (completed)
- assess the potential for the proposed *Teen Triple P* in Manitoba to achieve equity of access and outcomes for families of diverse backgrounds, including marginalized and socially disadvantaged populations, using an established EfHIA process;
- recommend alternative actions to decision makers at HCMO, for their consideration, that could promote greater equity of access and outcomes among diverse families participating in the proposed *Teen Triple P*, if required;

Phase II (in progress)
- evaluate the influence of the EfHIA process regarding the integration of equity-oriented recommendations related to the implementation of the proposed Teen Triple P; and
- identify key lessons from the pilot test process, tools and outcomes, in the Manitoba context, as well as recommendations for improvement that could be utilized to facilitate and inform the application of EfHIA in Canada.

Completion is expected by November 30, 2011, with the release of final report on the EfHIA pilot and study.

II. HCMO Policy Development, Research and Evaluation

Legislated in *the Healthy Child Manitoba Act* is Manitoba's commitment to monitoring the Healthy Child Manitoba Strategy, reporting regularly on child and youth development, evaluating whether HCM programs are working, and applying scientific research and evaluation to develop policies that best support families and strengthen communities. Under the leadership of HCMO's Policy Development, Research and Evaluation (PDRE) unit and in collaboration with government departments, inter-sectoral and community-based stakeholders, and university partnerships, this work is categorized into the following areas:

Community Data Development and Analysis

The purposes of HCMO Community Data Development and Analysis are to:

1) lay the foundation necessary to do research and evaluation;
2) integrate child and youth data initiatives and evaluations;
3) inform HCCC policy planning; and
4) coordinate the report on the status of Manitoba children and youth every five years as mandated in the *Healthy Child Manitoba* Act.

Longitudinal data will link data from early years (Families First Screening and Early Development Instrument), middle years and youth (Youth Health Survey). The Families First Screen (FFS) is a post-natal screen of all live births in Manitoba (off-reserve), and the Early Development Instrument (EDI) is a questionnaire completed province-wide by kindergarten teachers that measures children's "readiness to learn" at school entry. The FFS and EDI data will be linked on an on-going basis as new cohorts become available. The Youth Health Survey (YHS) is a questionnaire on health and behaviour that students in grades 6-12 complete. Privacy and confidentiality are maintained in accordance with *The Healthy Child Manitoba Act*, *The Freedom of Information and Protection of Privacy Act* (FIPPA), *The Personal Health Information Act* (PHIA), and other pertinent legislation.

Provincial Program Evaluations

Provincial program evaluations provide information for cross-sectoral policy and program decision-making. Building on the findings from a small number of intensively studied research sites (Healthy Baby, Families First, InSight Mentoring Program), provincial programs are extensively evaluated in multiple sites with a large number of families, using quantitative data collection and analysis. Results of provincial program evaluations provide information on program effectiveness, key program components and program efficiency, toward program improvement. Provincial program evaluations assess and provide knowledge on cross-sectoral outcomes for the HCM goals for children (improved physical and emotional health, safety and security, learning success, and social engagement and responsibility). For example, the provincial evaluation report of the Families First program was released in summer 2010 and is available on-line (http://www.gov.mb.ca/healthychild/familiesfirst/ff_eval2010.pdf).

Results of the Families First Home Visiting Provincial Evaluation led to the development of the Towards Flourishing Mental Health Promotion Strategy that will be added to the home visiting program and evaluated in five RHAs across the province. HCCC also commissioned the Manitoba Centre for Health Policy (MCHP) to work in partnership with HCMO to conduct an evaluation of the Healthy Baby program, released in November 2010 (see http://mchp-appserv.cpe.umanitoba.ca/reference/Healthy_Baby.pdf).

Population-Based Research

Population-based research explores questions regarding child, family and community development, and longitudinal and cohort effects of universal, targeted and clinical interventions. Research results provide new knowledge to support policy development and program planning and to determine the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families and communities. An example of an ongoing population-based research initiative is the Manitoba Birth Cohort Study. Reports from this population-based research study are available on-line (http://www.gov.mb.ca/healthychild/ecd/ecd_reports.html#birthcohort).

In 2010/11, HCMO led and/or partnered in several population-based research initiatives including: Evidence-based kernels to promote healthy diet, activity, and weight in children from birth through age 12 at a population level: The Lifestyle Triple P - Positive Parenting Program (2011 – 2012); Towards Flourishing: Improving Mental Health Among New Mothers in the Manitoba Families First Home Visiting Program (2009 – 2015; Centre for Gender, Mental Health and Violence Across the Lifespan (2009-2011); The Interplay Between Maternal Distress and Addiction on the Development of Childhood Asthma and Allergic Disease (2007-2012); Predictors and Outcomes of Prenatal Care: Vital Information for Future Service Planning (2009 - 2012);); An Equity-Focused Health Impact Assessment of Manitoba's Triple P Positive Parenting Program (April 2010 – 2011); Youth Suicide in the Justice System (2009-2011); MCHP Early Development Instrument deliverable Health and Health Care Utilization of Francophone Children deliverable (2009-2011); and How are Manitoba Children Doing? deliverable (2011 – 2012). Many of these initiatives are done in partnership with academic researchers or community partners and funded externally by granting agencies usually through a highly competitive process. Listed below are additional details for initiatives from competitive grants:

RESEARCH AWARDS

Funding Body	Amount	Time Period	Name of project	Description
Public Health Agency of Canada	$211,647 (Phase I)	Feb 2011 to Jan 2015	Evidence-based kernels to promote healthy diet, activity, and weight in children from birth through age 12 at a population level: The Lifestyle Triple P - Positive Parenting Program	The primary aim of this project is to develop a series of resources (e.g. information aids, public education seminars – Lifestyle Triple P) which can be used by practitioners to support and empower parents/caregivers in implementing/sustaining a healthy diet, weight, level of physical activity, and overall healthy lifestyle for their children.
Public Health Agency of Canada	$2,500,000 (Phase II)	Feb 2011 to Jan 2015	Towards Flourishing: Improving Mental Health among New Mothers in the Manitoba Families First Home Visiting Program	This project aims to enhance the mental health training for public health staff and to evaluate a mental health intervention strategy to address mental health in families within the Families First home visiting program.
Public Health Agency of Canada	$150,000 (Phase I)	Jan to Nov 2010	Towards Flourishing: Improving Mental Health among New Mothers in the Manitoba Families First Home Visiting Program	This project aims to enhance the mental health component for staff involved in Families First, pilot and evaluate a mental health screening tool for program families and to develop an intervention strategy to address mental health in families.
Canadian Institutes of Health Research	Travel and Meeting Expenses	Sept 2009 to Aug 2014	Centre for Gender, Mental Health and Violence Across the Lifespan	The Centre has 3 objectives(1) to increase understanding and knowledge about the links between mental health impairment, gender and

Centre Grant				exposure to Child Maltreatment (CM) and Interpersonal Violence (IPV), both in Canada and internationally (2) to develop interventions to prevent or reduce CM, IPV and subsequent mental health problems; and (3) to develop and promote an integrated research and knowledge translation (KT) agenda
Norlein Foundation	$75,000	March 2009-April 2011	The Interplay Between Maternal Distress and Addiction on the Development of Childhood Asthma and Allergic Disease	The proposed research examines the link between maternal distress and addictions during infancy and asthma and allergic diseases. The study will be conducted by linking health care records from Manitoba's provincial database with data from the Families First Screening.
Canadian Institute of Health Research	$100,000	April 2009-June 2011	Predictors and Outcomes of Prenatal Care: Vital Information for Future Service Planning	Prenatal care (PNC) can improve prenatal health and pregnancy outcomes. Patterns of PNC and how these patterns differ by socioeconomic status and geographic region will be examined as well as determining factors influencing PNC and how PNC is associated with a variety of outcomes.
Public Health Agency of Canada	$191,643	March 2010 to November 2011	An Equity-Focused Health Impact Assessment of Manitoba's Proposed Teen Triple P Positive Parenting Program	1) What is the potential for Manitoba's Proposed Teen Triple P-Positive Parenting Program to achieve equitable access and outcomes for families of diverse backgrounds, including marginalized and socially disadvantaged populations? 2) What are alternative actions that could promote greater equity of access and outcomes among diverse families participating in the Teen Triple P-Positive Parenting program? 3) How effective is an equity-focused health impact assessment process in enhancing equity considerations related to planning for future stages of Teen Triple P program implementation?

Specialized Evaluations

Specialized evaluations provide information on a specific intersectoral area of focus or issue. Policy questions are intensively studied in selected sites. Specialized evaluations are time-limited and involve a single site and/or a promising program that is currently underway. Results of specialized evaluations provide outcome information on promising programs, toward establishing local best practice models in Manitoba communities. Examples of specialized evaluations conducted or launched by HCMO during 2010/11 include the Seeds of Empathy evaluation, the Life Skills Training (LST) pilot evaluation, and the Signs of Suicide pilot evaluation. These evaluations contribute to reports on program outcomes, as well as presentations to a variety of audiences as part of ongoing Knowledge Translation and Mobilization (For details, see Section V: Knowledge Translation and Mobilization).

Knowledge Translation and Mobilization

Led by the HCMO PDRE unit, Knowledge Translation and Mobilization (KTM) is a critical component of the Healthy Child Manitoba Strategy and reflects HCM's core commitments to child-centred policy, evidence-based decision making, and community-government-university collaboration. The goal of KTM is to maximize the impact of research and evaluation through a process that includes the synthesis and dissemination of science and knowledge and community capacity development.

KTM activities related to the synthesis and dissemination of science and knowledge and community capacity development included:

- identifying and synthesizing science and knowledge from leading research and evaluation studies
- translating science and knowledge into user-friendly communication vehicles for community stakeholders (public, parents, service providers, advisory and advocacy groups) and government policy makers
- identifying and engaging target audience groups and disseminating science and knowledge to these audiences
- facilitating the application of science and knowledge to policy and program development and evidence-based decision making
- strengthening community capacity and local leadership
- facilitating community-government-university collaboration and partnership
- promoting participatory-based community research through community engagement and relationship building
- developing comprehensive community-level data profiles and community mapping studies
- developing GIS (geographic information system) data maps to delineate relationships between multiple data sets
- supporting the development of evidence-informed and best practice service models for children and families
- leading/participating in local, provincial, and national committee work
- leading/participating in local, provincial, national and international knowledge exchange conferences and events

Examples of these activities include:

- Beginning in 2008/09, HCMO's PDRE unit led the development, in collaboration with a community advisory committee, of a new parenting resource. The resulting booklet, *Getting Ready for School: A Parent's Guide*, serves to promote school readiness and support the transition to kindergarten. HCMO provides quantities of the booklet each spring to child care providers, schools, parent child coalitions, public health, and family resource centres, who in turn distribute the booklet to parents. To view this resource, please visit: http://www.gov.mb.ca/healthychild/edi/gettingreadyforschool.pdf

- Beginning in 2008/09, HCMO's PDRE unit led the development, in collaboration with a community advisory committee, of a new parenting resource. The resulting DVD, *A Parent's Guide to Early Childhood Development*, serves to translate the science of early childhood development into user-friendly language and practical parenting tips. HCMO provides quantities of the DVD each spring to child care providers, schools, parent child coalitions, public health, and family resource centres, who in turn distribute the DVD to parents. To view this DVD, please visit: http://www.gov.mb.ca/healthychild/publications/Guide_ENGLISH_ext.html

- HCMO's PDRE unit has supported several provincial knowledge exchange events and conferences, including HCM's annual National Child Day Forum and *Turning Data into Action* Knowledge Exchange Forums. Additionally, in November 2009, HCMO's PDRE unit, in partnership with the Canadian Council of Early Childhood Development and the Offord Centre for Child Studies, supported the first-ever pan-Canadian EDI (Early Development Instrument) conference. The goal of the conference was to showcase how Manitoba and other provinces/territories are using the EDI to support evidence-based decision making, community capacity building and program development. To this end, HCMO's PDRE unit supported several communities to develop poster and panel presentations for this conference. To view these conference materials, please visit: www.manitoba.ca/healthychild/edi/edi_pan.html

- Beginning in 2008, HCMO's PDRE unit has developed and disseminated public newsletters to showcase communities that are using evidence-based approaches to develop programs and services to support healthy childhood development. Called the *EDI Teacher Newsletter*, this communication vehicle serves to provide feedback to Manitoba's kindergarten teachers, who collect the EDI on kindergarten students in Manitoba. Additionally, the newsletter provides examples of community success stories in order to facilitate community learning and capacity development. To view these newsletters, please visit: http://www.gov.mb.ca/healthychild/edi/resources.html

- Beginning in 2003, HCMO has used GIS mapping technology to translate data into user-friendly data maps. These data maps are used to delineate community-level EDI results, and copies of these EDI community data maps can be found at: http://www.gov.mb.ca/healthychild/edi/edi_reports.html. Additionally, HCMO has translated community-level census data into community data maps and has worked with community stakeholders to conduct comprehensive community asset mapping studies.

- As part of HCM's commitment to supporting parent child coalitions, HCMO's PDRE unit develops and presents community-level data profiles to delineate the strengths and needs of individual communities. These presentations are made at local knowledge exchange events and include the audiences of Manitoba's 26 parent child coalitions. As part of this support to community stakeholders, HCMO has facilitated strategic direction and community action planning.

- In 2010/11, HCMO's PDRE unit provided training and support to Manitoba First Nation Education Resource Centre (MFNERC) and First Nation communities to implement EDI collections in 13 First Nation-operated schools. HCMO's PDRE unit has begun work, in collaboration with MFNERC and these First Nation Communities, to develop a knowledge exchange strategy to support these communities to use EDI data to support program and policy development.

- HCMO's PDRE unit has contributed research studies and evaluation reports to many peer-reviewed scholarly journals, including:
    - Santos, R., Chartier, M., Whalen, J., Chateau, D., & Boyd, L. (2011) Effectiveness of school-based violence prevention for children and youth: Cluster randomized controlled field trial of the Roots of Empathy program with replication and 3-year follow-up. Healthcare Quarterly.Vol.14, 80-91
    - Chartier M. J., Walker J.R., Naimark B. (2010) Separate and Cumulative Effects of Adverse Childhood Experiences in Predicting Adult Health and Health Care Utilization. Child Abuse and Neglect, 34(6):454-64.
    - Brownell M, Chartier M, Au W, Schultz J. Evaluation of the Health Baby Program. Winnipeg, MB: Manitoba Centre for Health Policy, November 2010. http://mchp-appserv.cpe.umanitoba.ca/reference/Healthy_Baby.pdf
    - Healthy Child Manitoba. The Long-Term Effects of Non-Parental Care on Children. http://www.gov.mb.ca/healthychild/ecd/ecd_npceffects.pdf
    - Healthy Child Manitoba. Insights into Child Care from Two Manitoba Communities. http://www.gov.mb.ca/healthychild/ecd/ecd_insights.pdf
    - Healthy Child Manitoba. Families First Program Evaluation Highlights 2000-2007. http://www.gov.mb.ca/healthychild/familiesfirst/ff_highlights2010.pdf
    - Healthy Child Manitoba. Families First Program Evaluation: Evaluating the Effectiveness the Families First Home Visiting Program in improving the well-being of at-risk families with preschool children. http://www.gov.mb.ca/healthychild/familiesfirst/ff_eval2010.pdf

- In 2010/11, HCMO's PDRE unit led/participated in several local, provincial, and national committees, including the following:
    - Canadian Institute of Child Health, National Advisory Committee
    - Canadian Institutes of Health Research (CIHR) – Institute for Human Development, Child and Youth Health (IHDCYH) – Institute Advisory Board
    - Community Data Network
    - Community Health Assessment Network (CHAN)

- Comité consultatif en éducation de la jeune enfance, Collège universitaire de Saint-Boniface (Consultative committee for Early Childhood Education)
- Council for Early Child Development – National Expert Advisory Committee
- Federal/Provincial/Territorial (F/P/T) advisory Committee on Children and Youth at Risk
- F/P/T Knowledge Sub-committee of the Social Development, Research and Information Committee
- F/P/T Inter-sectoral Healthy Living Issues Group and its Committees
- Healthy Child Manitoba's Legislated 5-Year Report - Interdepartmental Report Content Development Working Group
- Healthy Child Manitoba's Legislated 5-Year Report - Interdepartmental Knowledge Exchange Strategy Working Group
- Manitoba Centre for Nursing and Health Research – Advisory Board
- Many Hands, One Voice (co-led by the Canadian Pediatric Society and the major national Aboriginal organizations) – Advisory Committee
- Maternal and Child Healthcare Services in Manitoba (MACHS)
- Mental Health Commission of Canada, Evergreen National Child Mental Health Strategy
- National Monitoring Committee: Forum for ECD Reporting
- Organization for Economic Co-operation and Development (OECD) – ECD Working Group
- Pan-Canadian Early Development Instrument (EDI) Working Group
- Partners in Planning for Health Living; PPHL Youth Health Survey Working Group
- PEG
- Performance Management Community of Practice
- Rehabilitation Centre for Children – Board of Directors
- Statistics Canada's Aboriginal Children's Survey – Technical Advisory Group
- Statistics Canada's National Longitudinal Survey of Children and Youth – Steering Committee
- Strategic Knowledge Cluster on Early Child Development – Steering Committee and Advisory Committee
- Winnipeg Health Region Promoting Health Equity Directional Working Group, Best Practices Working Group, and Communication Strategy Working Group

- HCMO's PDRE unit is regularly invited to deliver presentations at local, provincial, national, and international knowledge exchange events, forums and conferences. In 2010/11, some examples included:

  - Point Douglas Child Care Directors meeting (Winnipeg, MB, April 2010)
  - Lighting the Fire, Manitoba First Nation Education Resource Centre (Winnipeg, MB, May 2010)
  - Assiniboine South Parent Child Coalition (Winnipeg, MB, May 2010)
  - River Heights Parent Child Coalition (Winnipeg, MB, May 2010)
  - Elmwood Parent Child Coalition (Winnipeg, MB, May 2010)
  - Portage la Prairie School Division (Portage la Prairie, MB, June 2010)
  - River East Transcona School Division (Winnipeg, MB, July 2010)
  - Seine River School Division (La Salle, MB, September 2010)
  - First annual Towards Flourishing Knowledge Exchange Forum (Winnipeg, MB, September 2010)
  - Healthy Baby Healthy Children Expert Committee Review, Telephone Conference (September 2, 2010).
  - Maternal and Child Healthcare Services in Manitoba (Winnipeg, Manitoba, September 28, 2010)
  - Open Minds Across Canada: Child and Youth Mental Health Symposium (Winnipeg, Manitoba, October, 2010)
  - South Eastman Parent Child Coalition (Steinbach, MB, October 2010)
  - Aboriginal Educators Conference (Winnipeg, MB, October 2010)
  - St. Vital Child Care Directors meeting (Winnipeg, MB, October 2010)

- The Canadian Institutes of Health Research - Institute of Population and Public Health and Public Health Agency of Canada's Population Health Intervention Research Symposium, Ottawa, ON, Canada (November 2010)
- Population Health Intervention Research Symposium (Toronto, Ontario, November, 2010)
- Winnipeg School Division (Winnipeg, MB, November 2010)
- Community Schools Provincial Meeting (Winnipeg, MB, November 2010)
- Burntwood Parent Child Coalition (Thompson, MB, November 2010)
- Southwest Horizon School Division (Melita, MB, November 2010)
- Coalition francophone de la petite enfance, (Winnipeg, Manitoba, January, 2011)
- Healthy Baby Healthy Children Director's Meeting (Toronto, Ontario, January, 2011)
- Provincial Suicide Prevention Leadership Committee (Winnipeg, Manitoba, January, 2011)
- St.James-Assiniboia Parent Child Coalition/School Division (Winnipeg, MB, January 2011)
- Point Douglas Parent Child Coalition (Winnipeg, MB, January 2011)
- Pembina Trails School Division (Winnipeg, MB, January 2011)
- Frontier School Division (Winnipeg, MB, January 2011)
- Louis Riel School Division (Winnipeg, MB, January 2011)
- Réunion de la Commission scolaire franco-manitobaine (Lorette, Manitoba, February, 2011)
- Réunion de la régie (Lorette, Manitoba, February, 2011)
- Garden Valley School Division (Winkler, MB, February 2011)
- Portage Interagency Meeting (Portage la Prairie, MB, February 2011)
- Fort Garry/St.Norbert Parent Child Coalition (Winnipeg, MB, February 2011)
- XLIII Banff International Conference on Behavioural Science (Banff, Alberta, March 2011)
- Conférence provinciale pour parents et intervenants en jeune enfance (Winnipeg, Manitoba, March, 2011)
- Assiniboine South Parent Child Coalition (Winnipeg, MB, March 2011)
- Pembina Trails School Division School Board (Winnipeg, MB, March 2011)
- Red River College (Winnipeg, MB, March 2011)

HEALTHY CHILD MANITOBA

RECONCILIATION STATEMENT

DETAILS	2010/11 Estimates $000
2010/11 Main Estimates	28,100
2010/11 ESTIMATE	**28,100**

Appropriation 34-5: Healthy Child Manitoba
Expenditures by Sub-Appropriation
Fiscal Year ended March 31, 2011

Expenditure by Sub-Appropriation	Actual 2010/11 $000	Estimate 2010/11		Variance Over/(Under)	Expl. No.
		FTE	$000		
34-5A Salaries	2,257	33.00	2,388	(131)	
34-5B Other Expenditures	583		402	181	
34-5C Financial Assistance and Grants	24,793		25,310	(517)	1
Total Appropriations	**27,633**		**28,100**	**(467)**	

Explanation:

(1) Under expenditure is due primarily to in-year expenditure management exercise.

Expenditure Summary for
Fiscal Year ended March 31, 2011
with Comparative Figures for the Previous Fiscal Year

Estimate 2010/11 $000		Sub-Appropriation	Actual 2010/11 $000	Actual 2009/10 $000	Increase (Decrease)	Expl. No.
2,388	34-5A	Salaries	2,257	2,304	(47)	
402	34-5B	Other Expenditures	583	456	127	
25,310	34-5C	Financial Assistance and Grants	24,793	24,788	5	
28,100	**Total Expenditures**		**27,633**	**27,548**	**85**	

Historical Expenditure and Staffing Summary by Appropriation ($000)
for Fiscal Years Ending March 31, 2007 - March 31, 2011

Sub-Appropriation	2006/07		2007/08		2008/09		2009/10		2010/11	
	SY		SY	$	SY	$	SY	$	SY	$
34-5A Salaries	32.00	1,939	33.00	2,040	34.00	2,232	35.00	2,304	33.00	2,257
34-5B Other Expenditures		334		339		411		456		583
34-5C Financial Assistance and Grants		22,780		22,939		24,203		24,788		24,793
Total	**32.00**	**25,053**	**33.00**	**25,318**	**34.00**	**26,846**	**35.00**	**27,548**	**33.00**	**27,633**

Footnotes:
(1) Actuals for 2010/11 are based on year-end expenditure analysis report dated June 30, 2011.

Indicators of Progress Against Priorities (Performance Reporting)

The following section provides information on key performance measures for the department for the 2010/11 reporting year. This is the sixth year in which all Government of Manitoba departments have included a Performance Measurement section, in a standardized format, in their Annual Reports.

Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit www.manitoba.ca/performance.

Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2009/10 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
1. The progress of our Early Childhood Development (ECD) strategy, by measuring positive parent-child interaction in Manitoba, through the following three indicators from the National Longitudinal Survey of Child and Youth (NLSCY) for children aged 0-5 years: a) **Reading** (families with daily parent-child reading)	We know that parents and families are the primary influences in the lives of children. Research shows that positive parent-child interaction including reading with children, positive parenting and positive family functioning are key determinants of successful early childhood development. Research has also established that the best prevention investments occur during the early	We are using 1998/99 as the baseline measurement. **Reading** (% of parents who read to their child daily): 76.0% in MB	Our most recent data is from 2008/09. **Reading** (% of MB parents that read to their child daily): 72.5% in Manitoba	 Stable: Average results from six cohorts from 1998/99 to 2008/09 are 72.6%,	ECD (Early Childhood Development) Programs remained a core commitment for 2010/11. In 2010/11, 12 Triple P training courses were held in Manitoba. By the end of March 2011, 1292 practitioners in total from approximately 208 community agencies, RHAs, school divisions, child care centres, government departments, and other organizations, had participated in

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2009/10 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
	years. Healthy early childhood development sets the foundation for positive development by building resilience and by reducing the likelihood of negative outcomes later in life.	69.7% in Canada	67.6% in Canada	suggesting that the trend in reading in Manitoba is stable since 1998/99	Triple P training and had successfully completed accreditation since the advent of the program in 2005. This added an additional 142 new practitioners and 10 new agencies/ organizations to the total from the previous year.
b) **Positive Parenting** (families with warm, positive, engaging interaction between parents and children including praising, playing, reading and doing special activities together)	It is important to know how families in Manitoba are doing so that the Government of Manitoba can make decisions about which investments will best support Manitoba's children and families, including those that will support positive parent-child interactions.	**Positive Parenting** (% of children living in families with positive parenting): 90.6% in Manitoba 90.6% in Canada Note: Due to corrections and changes in the NLSCY since 1998, the number of parents with positive parenting has been revised.	**Positive Parenting** (% of MB children living in families with positive parenting): 96.3% for Manitoba 94.8% for Canada	Increasing: Results suggest improvements in positive parent-child interaction since 1998/99	Note: Some practitioners are trained and accredited in more than one accredited course. Positive parent-child interaction can also be considered an intermediate outcome for children's school readiness (measured below).
c) **Family Functioning** (how well family members relate to and communicate with one another, including the ability to solve problems together)		**Family Functioning** (% of MB children living in families with positive family functioning): 88.3% for Manitoba 89.1% for Canada	**Family Functioning** (% of MB children living in families with positive family functioning): 90.5% for Manitoba 91.1% for Canada	Increasing: Results suggest slight improvements in family functioning since 1998/99	Limitation: While the information collected is fairly representative of the Canadian population, the NLSCY does not include Aboriginal children living on

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2009/10 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
Please see Note 1 below for more detailed information about this indicator.					reserves or children living in institutions, and immigrant children are under-represented.
2. The progress of our ECD strategy by measuring children's readiness for school, using results from the Early Development Instrument (EDI). The EDI is a questionnaire measuring Kindergarten children's readiness for school across several areas of child development including: • physical health and well-being • social competence • emotional maturity • language and thinking skills • communication skills and general knowledge For more about the EDI, please see Note	Ensuring the best start for children when they begin school is important for successful lifelong health and learning, as well as for the province's future well-being and economic prosperity.	This measure has been phased in, beginning in 2002/03. 2005/06 was the first year that all 37 Manitoba school divisions participated in the EDI; therefore, 2005/06 data will be used as the baseline for future measurements. 2005/06 Results (based on 37 school divisions and 12,214 children) 62.4% of participating kindergarten students were 'Very Ready' in one or more areas of child development. 28.3% of participating kindergarten students were 'Not Ready' in one or more areas of child development.	Manitoba's 4th province-wide EDI collection was implemented in 2010/11. Data analyses from this collection cycle will take place in Fall 2011, and data reports will be released in winter 2011/12. Our most recent EDI data is from 2008/09, Manitoba's 3rd province-wide collection After the 2005/06 and 2006/07 collections, the EDI moved to a biennial cycle, therefore there is no data available for the 2007/08 and 2009/10 school years. 2008/09 Results (based on 37 school divisions and 12,139 children) 63.0 % of	Stable EDI trend analyses show that between 2005/06 and 2008/09, the proportion of children who are Very Ready in one or more domains and Not Ready in one or more domains is stable. However, analyses that examine the provincial trends in the Language and Thinking Skills domain of development, show that between 2005/06 and 2008/09, the proportion of children who are Very Ready has increased, and the proportion of children who are Not Ready has decreased.	Note: 'Very Ready' includes the proportion of children whose scores fell in the top 30th percentile - based on Canadian norms - in one or more areas of child development. 'Not Ready' includes the proportion of children whose scores fell into the bottom 10th percentile - based on Canadian norms - in one or more areas of child development. Limitation: While the EDI is collected in all provincial school divisions, the EDI is only collected in those First Nation-operated schools or

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2009/10 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
2 at the bottom of this table.			participating kindergarten students were 'Very Ready' in one or more areas of child development. 29.1% of participating kindergarten students were 'Not Ready' in one or more areas of child development.		independent schools who elect to collect (with the exception of First Nation/Frontier School Division partnership schools. 13 First Nation-operated school have collected the EDI in the 2010/11 collection cycle. EDI Reports can be viewed at: http://www.gov.mb.ca/healthychild/ecd/edi.html
3. The progress of the prevention strategy for FASD (Fetal Alcohol Spectrum Disorder), by looking at maternal alcohol consumption during pregnancy. Public Health Nurses meet with mothers of newborns to conduct a provincial postnatal screen (approximately 12,000 births per year are screened, which is about 84% of all births in Manitoba each year).	Research has established that alcohol can have multiple serious consequences on fetal development. Fetal Alcohol Spectrum Disorder (FASD) is acknowledged as the most common preventable cause of birth defects and developmental disabilities that are permanent and irreversible. Alcohol consumption during pregnancy is	In 2003, 13% of women in MB stated that they consumed some amount of alcohol during their last pregnancy. The incidence of drinking during pregnancy varied by Regional Health Authority and ranged from 9% to 28 % of women indicating alcohol use at some time during pregnancy.	In 2010, 14% of women in MB stated that they drank alcohol during pregnancy. 12,920 women were screened in 2010, representing about 81% of all births in Manitoba. New questions related to alcohol use were introduced in the 2007 screens. Women who used alcohol during pregnancy were asked if they continued to drink	Alcohol consumption during pregnancy has remained stable since 2003. The following shows the percentage of women who stated they drank alcohol during pregnancy from 2003 to 2010. 2003 – 13.3% 2004 – 12.3% 2005 – 13.1% 2006 – 12.7% 2007 – 16.1% 2008 – 13.7% 2009 – 13.0% 2010 – 13.9% The proportion of	A prevention strategy for FASD in Manitoba was identified as an ongoing Healthy Child Committee of Cabinet (HCCC) core commitment in 2005/06. Manitoba is the first jurisdiction in Canada to implement the collection of population-level information on the prevalence of maternal alcohol use during pregnancy. Limitation:

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2009/10 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
Standardized questions related to alcohol use during pregnancy are included in the screen.	the causal risk factor for FASD.		after discovering their pregnancy. In 2007, 35% of women who drank alcohol in pregnancy continued to drink after discovering their pregnancy. In 2010, 11.1% of women who drank alcohol in pregnancy continued to drink after discovering their pregnancy. In 2010, the prevalence of drinking during pregnancy varied between RHAs ranging from 8.3% to 23.7%.	women who continued to drink after discovering their pregnancy has decreased from 35% in 2007 to 11.1% in 2010. Data from two national health surveys show that 17% to 25% of Canadian women indicated alcohol use at some time during pregnancy and 7% to 9% drank throughout pregnancy (National Longitudinal Survey on Children and Youth, 1994/95; National Population Health Survey, 1994).	The provincial screen represents data on approximately 84% of all births in Manitoba, it is not collected on new mothers living on reserves. Prevalence and incidence data for FASD is limited because diagnosis is complicated and difficult. Based on the best available data, Health Canada estimates the Canadian FASD incidence to be 9 in every 1,000 live births (Health Canada, 2003). At least 200 children each year receive a diagnosis of FASD in Manitoba.
4. We are measuring the progress of our Healthy Adolescent Development (HAD) strategy, by looking at Manitoba's teen pregnancy rates, Sexually Transmitted Infection (STI) rates and usage of health	It is important to know the rates of teen pregnancy, STI and service usage in Manitoba so the province can support Healthy Adolescent Development initiatives. These are activities	The pregnancy and STI rates measurement began in 2001/02. Pregnancy Rates (number is per 1,000 youths aged 15-19): 2001/02 – 53.1	2009/10 Pregnancy Rate (number is per 1,000 youths aged 15-19): 45.6 This rate is for the whole province including First Nations women on reserves.20010 STI Rates (number is per 1,000 youths	Pregnancy Rates (for youth aged 15-19) is stable: Manitoba has consistently had among the highest teen pregnancy rates across Canada. Since 2006/07, the rates of teen	Note: By increasing access to teen health services through prevention campaigns and programs and implementing teen health clinics in high needs communities in MB, it is expected that there will be an

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2009/10 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
and wellness services by teens.	that inform youth about sexual and reproductive health, using a harm reduction approach; to target youth who may be sexually active to reduce the potential harms associated with high risk sexual activity; improve outcomes for pregnant young women; increase teens' access to primary health care, including sexual and reproductive health; and increase teens' capacity for self-care. Comprehensive evaluation of the Healthy Adolescent Development (HAD) strategy is necessary to determine causal effects over time.	<u>STI Rates</u> (number is per 1,000 youths aged 15-19): 2001 – 17.1	aged 15-19 for Chlamydia, gonorrhea(rates for syphilis are not included due to low incidence): 26.1 <u>Teen Clinic Usage</u> In 2010/11 HCMO funded teen clinics had the following number of visits: Elmwood Teen Clinic: 586 St. John's Teen Clinic: 479 Nor-Man teen clinics: 739 Selkirk Teen Clinic: 980 <u>Teen Talk</u> In 2010/11, Teen Talk engaged with 20,927 Manitoba youth. This includes 731 workshops delivered to 13,597 youth; 359 youth that participated in peer support training; and 7,194 youth that participated in peer	pregnancy have been stable. These rates are for all Manitoba youth including First Nation youth living on reserve. (number is per 1,000 youths aged 15-19): 2001/02 – 53.1 2002/03 – 50.2 2003/04 – 48.9 2004/05 – 45.2 2005/06 – 43.4 2006/07 – 47.3 2007/08 – 47.1 2008/09 – 47.0 2009/10 – 45.6 This trend is consistent for most populations and regions across Manitoba. <u>STI Rates</u> Rates increased since tracking began in 2001 with the peak being in 2008. Rates over last 2 years are declining (number is per 1,000 youths aged 15-19): 2001 – 17.1	<u>increase in youth accessing health and wellness services.</u> If more youth access health services, there is the potential that reported STI rates for youth may increase in the short term due to increased testing and diagnosis (i.e., surveillance effect) Data for teen pregnancy rates (deliveries (live births), therapeutic abortions, and spontaneous abortions) is collected by Health Information Management , Manitoba Health. STI Rates include: Chlamydia, Gonorrhea and Syphilis. Data is collected by Communicable Disease Control (CDC) Branch, Manitoba Health.

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2009/10 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
			support activities. Workshops include topics such as sexuality, birth control and STI, drug and alcohol use, and harm reduction.	2002 – 18.3 2003 – 20.5 2004 – 22.4 2005 – 18.8 2006 – 21.1 2007 – 25.9 2008 – 30.5 2009 – 26.6 2010 – 26.1 <u>Teen Clinic Usage</u>: These measures are new and there is not enough data to establish a trend.	Teen Clinics, and Teen Talk usage is collected through the Healthy Child Manitoba Office. In 2011 Teen Talk launched a new website which includes information and resources for teens, parents and service providers and features an interactive Youth Corner. 3,694 visits were tracked in the first six weeks following the launch.

Notes:

***Note 1*: Measures of positive parent-child interaction:**

How are these data collected?
Data from the National Longitudinal Survey of Children and Youth (NLSCY) is used. The NLSCY was initiated in 1994 to find out about the well-being of children and their families, provincially and nationally.

Every two years, the NLSCY collects comprehensive data by surveying parents, teachers, principals, and children aged 10 and older. Information on positive parent-child interaction is collected. .

What do the most recent measures tell us?
Most children in Manitoba experience positive interactions with their parents during their first years of life. Specifically, most children in Manitoba are read to daily or several times a day. Most children in Manitoba live in families with positive parenting and positive family functioning.

Thousands of the 90,000 children under age six in Manitoba could benefit from improvements in positive parenting, reading with their parents, and family functioning. These children can be found in every community and every kind of family in Manitoba (e.g., across income groups)

Research shows that all parents can benefit from varying levels of support, information and resources to assist them in raising healthy children.

What is the trend information from previous surveys?

Reading * (% of parents who read to their child daily)			**Positive Parenting** (% of children living in families with positive parenting)			**Family Functioning** (% of children living in families with positive family functioning)		
Year	**Manitoba**	**Canada**	**Year**	**Manitoba**	**Canada**	**Year**	**Manitoba**	**Canada**
1998/99	76.1%	69.7%	1998/99	90.6%	90.6%	1998/99	88.3%	89.1%
2000/01	69.5%	65.4%	2000/01	91.8%	92.1%	2000/01	89.1%	88.6%
2002/03	73.0%	67.3%	2002/03	94.7%	95.0%	2002/03	89.8%	90.2%
2004/05	71.1%	64.8%	2004/05	94.6%	94.3%	2004/05	90.9%	91.3%
2006/07	73.6%	66.0%	2006/07	96.0%	93.7%	2006/07	92.9%	91.0%
2008/09	72.5%	67.6%	2008/09	96.3%	94.8%	2008/09	90.5%	91.1%

** For **Reading**, the 1998/99 data include children between the ages of 2-5, while the following years, (2000/01 to 2008/09) include reading to children between the ages of 0-5.*

Note 2: **Readiness for School and the Early Development Instrument (EDI):**

How are these data collected and shared?
Kindergarten teachers complete the EDI questionnaire for all children in their classroom. EDI results can only be presented for groups of children; the EDI is never used to assess or report on the development of individual children.

Participation by schools in the collection of the EDI data has been building over time. Beginning in 2002/03, collection of EDI data by school divisions has been phased in, with full Manitoba school division participation as of 2005/06. Biennial collection of the EDI began in 2006/07, with 2007/08 being the first "off" year, and the most recent results from the 2008/09 school year.

Local level EDI results are shared with:

- Schools and School Divisions, including school boards, teachers, administrators, and resource workers
- Communities, including parent-child coalitions, early childhood educators, community residents, health professionals, community development and resource workers, policy makers, and parents.

Why is readiness for school so important and what are the measures used for?
'Readiness for school' is a baseline of Kindergarten children's readiness for beginning grade one. It is influenced by the factors that shape the early years, including family functioning, parenting styles, neighbourhood safety, community support, and socio-economic factors. EDI results are a reflection of the strengths and needs of children's communities.

The EDI was based on a need to measure the effectiveness of investment in ECD at a population level and based on a community need to plan and deliver effectively for ECD.

Specifically, the EDI tells us how we are doing as a province in getting Manitoba's children ready for school and this helps us to learn what is needed to support healthy child development. Furthermore, the EDI helps local communities improve programs and services for children and families.

What do these data tell us so far?
EDI results show that about two-thirds of children in Manitoba and Canada are very ready for school. However, significant numbers of children, about one in four, are not ready to learn at school entry.

Children who are not ready for school can be found in every community and every kind of family in Manitoba, (i.e., across all income levels and demographic groups).

More detailed information from the 2005/06, 2006/07 and 2008/09 EDI Reports are available at: http://www.gov.mb.ca/healthychild/ecd/edi.html

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by HCMO for fiscal year 2010/11:

Information Required Annually (per Section 18 of The Act)	**Fiscal Year 2010/11**
The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a)	NIL
The number of investigations commenced as a result of a disclosure. Subsection 18(2)(b)	NIL
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	NIL